

Name

In
Full

William Barrett.

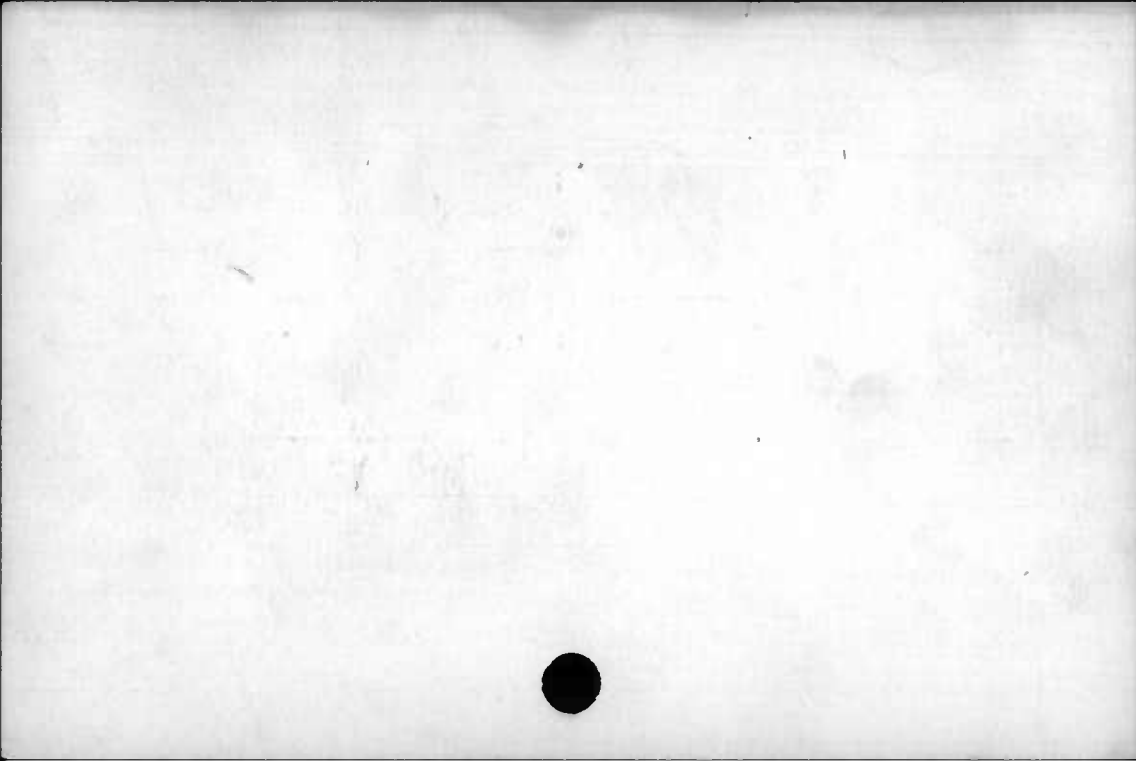
CERTIFICATE OF DEATH

Died at		Town Whiteford		County Stafford		MARYLAND	
Date of death		1908	Month Feb	Day 16	Age 60	Years	Months Days
Sex	male		Color or Race	White		Birth- place	Penna
Occupation	Laborer		Where Residing if not at place of death		at place of death		
Married, Single or Widowed	married		Name of Wife or Husband		Sarah Barrett		
Father's Name	Bralman Barrett		Father's Birthplace		Maryland		
Mother's Maiden Name	Unknown		Mother's Birthplace		Maryland		
Name of person giving In formation		Geo. Barrett		How related to deceased		✓	

CAUSES OF DEATH

b6

PHYSICIAN OR CORONER H	Primary	Cerebral Embolism		How long	3 mos.
	Immediate	Exhaustion		How long	2 or 3 day.
	Are the name, age, sex, color, date and place correctly given above?		Yes		
	Signature of Physician		R. Warren Ramsey		
		Address		Oyster York Pa.	
Accident or Suicide?					



Name
in
Full

Bruce Bond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bel Air</u> ^{Town}		<u>Harford</u> ^{County}		MARYLAND	
Date of death	<u>1908</u>	Month	<u>Feb</u>	Day	<u>8</u>
Age	<u>72</u>	Years	<u>72</u>	Months	<u>—</u>
Sex	<u>Male</u>	Color or Race	<u>Black</u>	Birth-place	<u>Ind.</u>
Occupation	<u>Laborer</u>	Where Residing if not at place of death <u>Bel Air</u>			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>Susan Bond</u>			
Father's Name	<u>Harry Bond</u>	Father's Birthplace	<u>Ind.</u>		
Mother's Maiden Name	<u>Francis Harris</u>	Mother's Birthplace	<u>Ind.</u>		
Name of person giving information	<u>Richard Dallas</u>	How related to deceased	<u>Not Any</u>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>✓</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>R S T</u>
		Address	<u>Bel Air</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary T. Bull*

Died at *Bel Air* ^{Town} *Harford* ^{County} **MARYLAND**

Date of death *1908 Feb 1* ^{Month} ^{Day} Age *30* ^{Years} ^{Months} ^{Days}

Sex *Female* Color or Race *White* Birth-place *Pa.*

Occupation *Housewife* Where Residing if not at place of death *Bel Air*

Married, ~~Single~~ ^{or Widowed} Name of Wife or Husband *Jacob E. Bull*

Father's Name *Peter Lundeland* Father's Birthplace *Pa.*

Mother's Maiden Name *Rumelia Gorman* Mother's Birthplace *Pa.*

Name of person giving information *Wm Bull* How related to deceased *Son*

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary *Bronchitis* How long *Ten days*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *William V. Archer*

Address *Bel Air Md*

Accident or Suicide?

Ricko Spring

2/4/083

Name
in
Full

Nellie E Duckham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Whiteford Md* ^{County} *Liberford* **MARYLAND**

Date of death *1908* ^{Month} *2* ^{Day} *8* ^{Years} *7* ^{Months} *7* ^{Days}

Sex *Female* Color or Race *B* Birthplace *Whiteford Md.*

Occupation _____ Where Residing if not at place of death _____

Married, Single
or Widowed *Single*Name of Wife or
HusbandFather's
Name*Garrison Duckham*Father's
Birthplace*Maylorn*Mother's
Maiden Name*Nellie Coleman*Mother's
Birthplace*Washington D.C.*Name of person giving
Information*Garrison Duckham*How related
to deceased*Father*

CAUSES OF DEATH

93

Primary

Pneumonia

How long

One week

Immediate

" "

How long

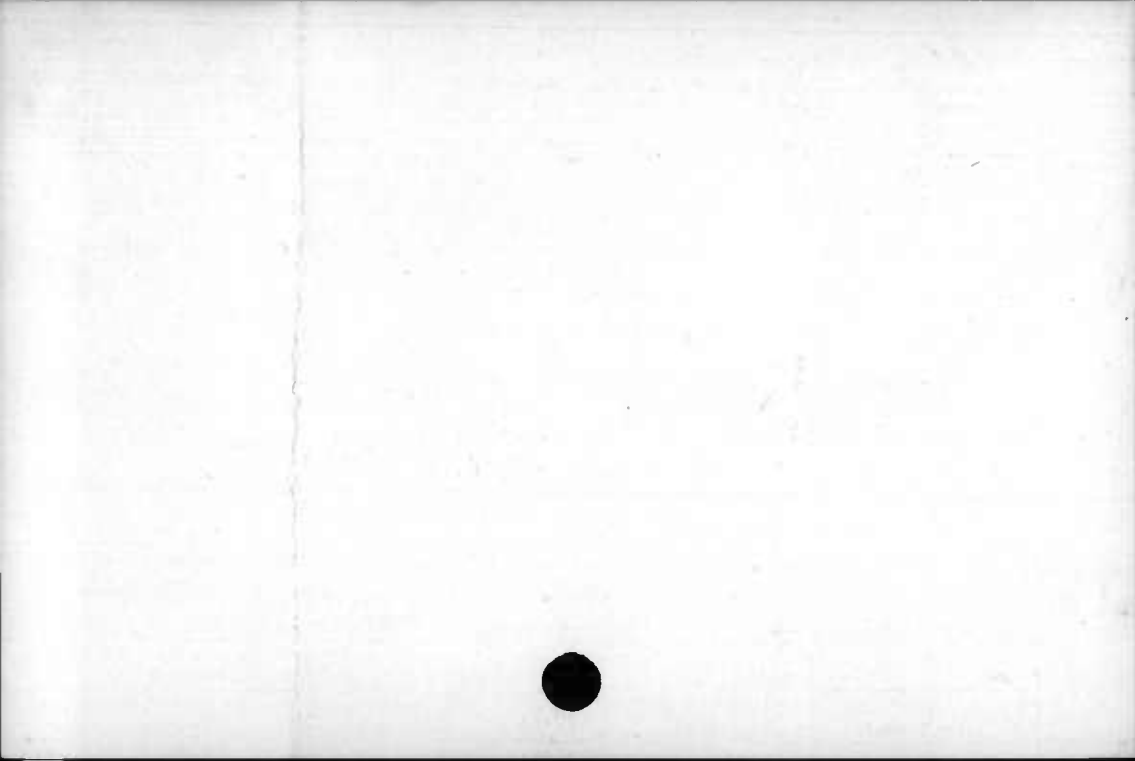
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*D. H. E. Arthur*

Address

Cardiff Md

Accident or Suicide?

*No*PHYSICIAN
OR CORONER



Name

In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i>		County <i>Harpard</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Feb</i>	Day <i>17</i>	Age <i>46</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ind.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Bel Air</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Charles T. Burns</i>				
Father's Name <i>Unknown</i>	Waters			Father's Birthplace <i>Ind.</i>	
Mother's Maiden Name <i>Annie Collins</i>				Mother's Birthplace <i>Ind.</i>	
Name of person giving information <i>Lonely Ruff</i>				How related to deceased <i>Not any</i>	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>two weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>William V. Archer</i>
	Address <i>Bel Air Md</i>
Accident or Suicide? <i>No</i>	

Lahnacle

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Charles Louis Cain
Town *Arlington* County *Harford*

Died at *Arlington* *Harford*

Date of death *1908* Month *2* Day *3* Age *Five Years* Months *—* Days *—*

Sex *Male* Color or Race *Colored* Birth-place *Arlington*

Occupation *no* Where Residing if not at place of death *no*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Thomas Cain* Father's Birthplace *Arlington*

Mother's Maiden Name *Georgiana A. P. Jones* Mother's Birthplace *no*

Name of person giving information *Thomas Cain* How related to deceased *Father*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary *Heart Failure* How long *—*

Immediate *Heart Failure* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. A. [Signature]*

Address *Sub Registered*

Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Catherine C. Carver

Town

County

Died at

Harre de Grace

Harford Co

MARYLAND

Date

of death 1908

Month

Feb

Day

19

Years

45

Age

Months

X

Days

Sex

Female

Color or
Race

white

Birth-
place

Harford Co

Occupation

wife

Where Residing if not
at place of death

at home

Married, Single
or WidowedName of Wife or
Husband

John H. Carver

Father's
Name

Benj. O'Neil

Father's
Birthplace

Harford Co

Mother's
Maiden Name

Kronella C. C. Hoels

Mother's
Birthplace

Harford Co

Name of person giving
in formation

John H. Carver

How related
to deceased

son

CAUSES OF DEATH

164

Primary

Fracture of thigh

How long

4 weeks

Immediate

Pylitis & Emphysema

How long

Long days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

A. C. Brothers

Address

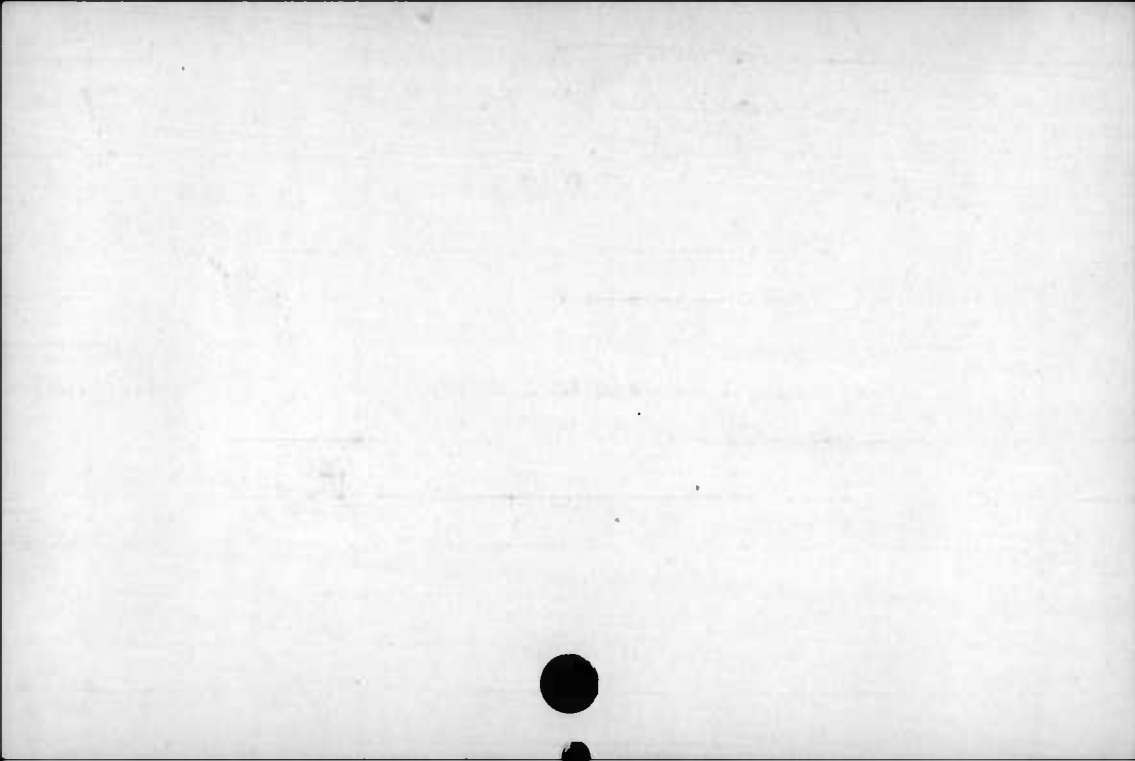
Harre de Grace

Accident or Suicide?

Accident



Name in Full Walter Chamberlain		CERTIFICATE OF DEATH	
Died at Town Scarbors		County Stafford	
Date of death 1908		Month 2 Day 23 Years 62	
Sex Male		Color or Race White	
Occupation Fanner		Birth-place Md.	
Where Residing if not at place of death			
Married, Single or Widowed widower		Name of Wife or Husband Laura Fennwood	
Father's Name Walter Chamberlain		Father's Birthplace Via.	
Mother's Maiden Name Rebecca Billingslea		Mother's Birthplace Stafford Co.	
Name of person giving information Wilmer Chamberlain		How related to deceased son	
CAUSES OF DEATH			
Primary Lobar Pneumonia		How long 6 days	
Immediate Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician F. Lee Hughes	
		Address Frost Hill Md.	
Accident or Suicide?			



Name
in
Full

Infant unnamed Christopher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

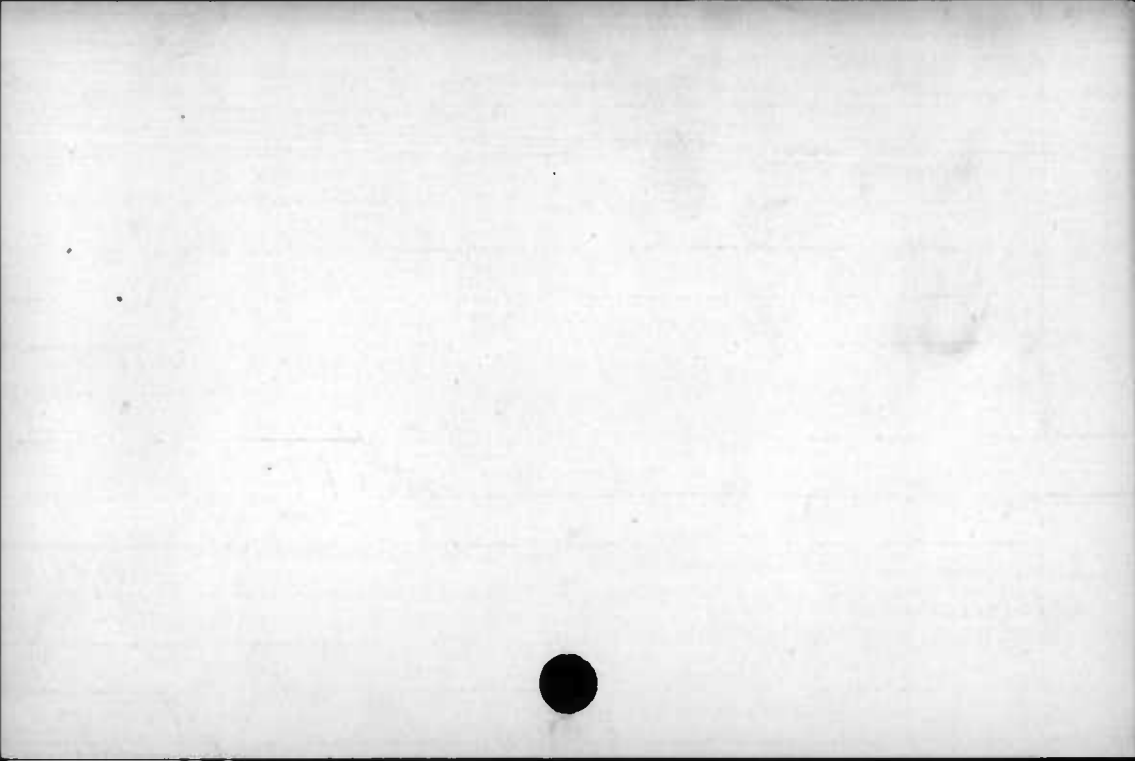
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Feb	15	—	—	—	5
Sex		Color or Race		Birth-place			
Female		White		Maryland			
Occupation				Where Residing if not at place of death			
—				—			
Married, Single or Widowed				Name of Wife or Husband			
—				—			
Father's Name				Father's Birthplace			
Joseph Christopher				Md			
Mother's Maiden Name				Mother's Birthplace			
Marion Christopher				Md			
Name of person giving information				How related to deceased			
Joseph Christopher				Father			

CAUSES OF DEATH

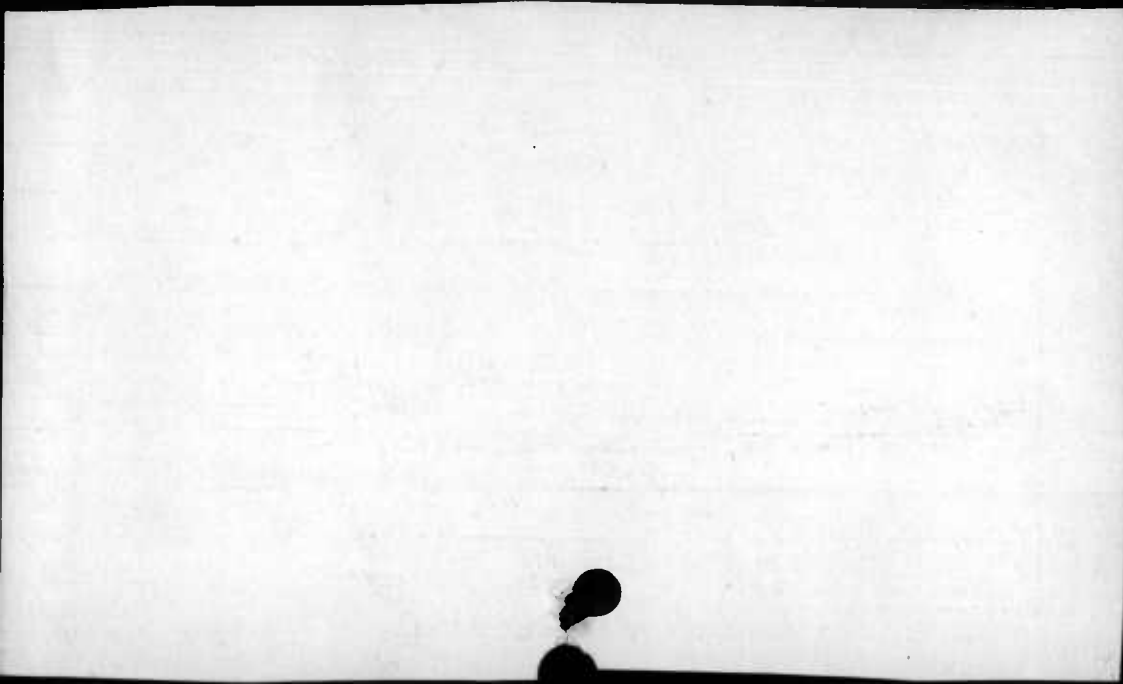
179

PHYSICIAN
OR CORONER

Primary		How long	
Unknown		Few hours	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. H. Ches	
Address		Baltimore	
Accident or Suicide?		no	



Name in Full		CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Bel Air</u> <small>Town</small>			<u>Hampden</u> <small>County</small>			<u>MARYLAND</u>	
		Date of death <u>1908</u>		<u>Feb</u> <small>Month</small>	<u>6</u> <small>Day</small>	<u>61</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>	
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>England</u>			
		Occupation <u>Domestic</u>		Where Residing if not at place of death <u>Bel Air Ind.</u>					
		Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>James A. Coleman</u>					
		Father's Name <u>Daniel Cogood</u>		Father's Birthplace <u>England</u>					
		Mother's Maiden Name <u>Elizabeth A Cogood</u>		Mother's Birthplace <u>England</u>					
		Name of person giving information <u>H. W. Coleman</u>		How related to deceased <u>Sister-in-law</u>					
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary <u>Exposure - malnutrition & alcoholism</u>				How long <u>Several weeks -</u>			
		Immediate <u>Syncope</u>				How long <u>a few hours -</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>				Signature of Physician <u>A. F. Van Bibber</u>			
		Address <u>Bel Air</u>							



Name
in
Full

Susanna Hill Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Gravelly Hill* ^{Town} *Harford* ^{County}

Date of death *1908 Feb 19th* ^{Month} ^{Day} ^{Year} Age *80* ^{Months} ^{Days}

Sex *Female* Color or Race *Colored* Birth-place *Maryland*

Occupation *Housewife* Where Residing if not at place of death *Gravelly Hill*

Married, Single or Widowed *Widow* Name of Wife or Husband *Jos Collins*

Father's Name *Janett Hill* Father's Birthplace *Maryland*

Mother's Maiden Name *Hannah Presbury* Mother's Birthplace *Maryland*

Name of person giving information *Jane Bowser* How related to deceased *Sister*

CAUSES OF DEATH

129

Primary *Febrile tumor of uterus* How long *Some years*

Immediate *" Complications "* How long *" "*

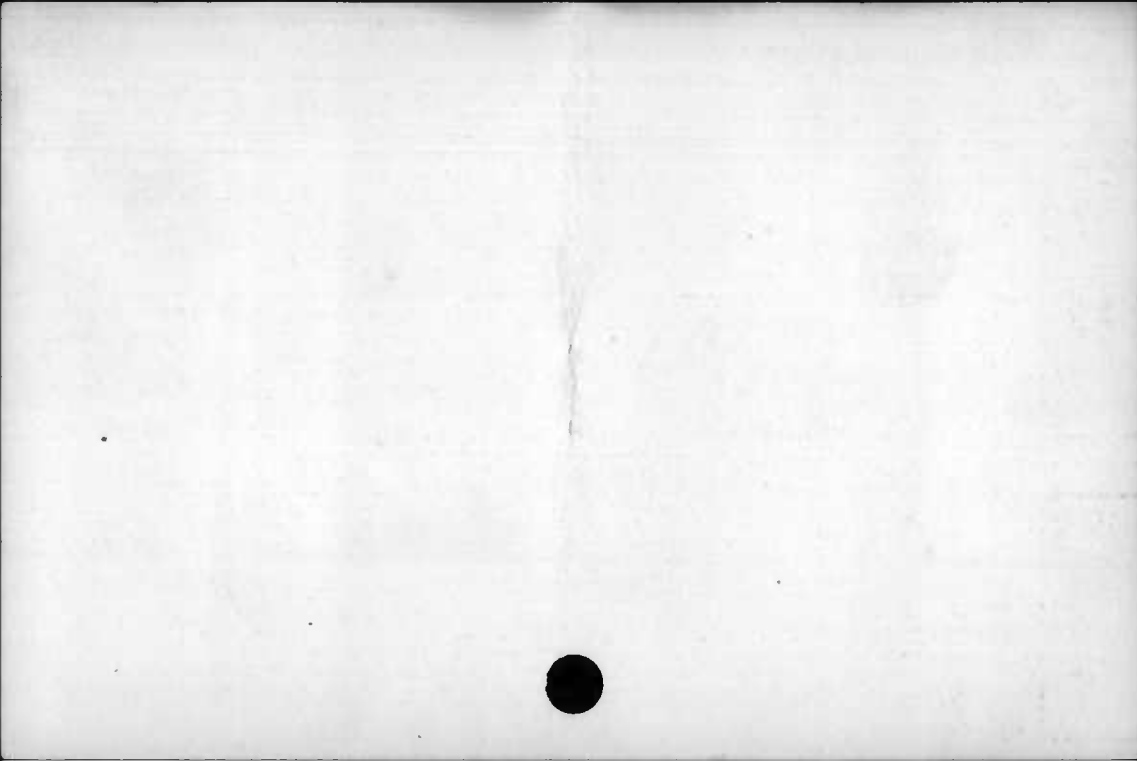
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. C. Prother*

Address *House de Grace Md*

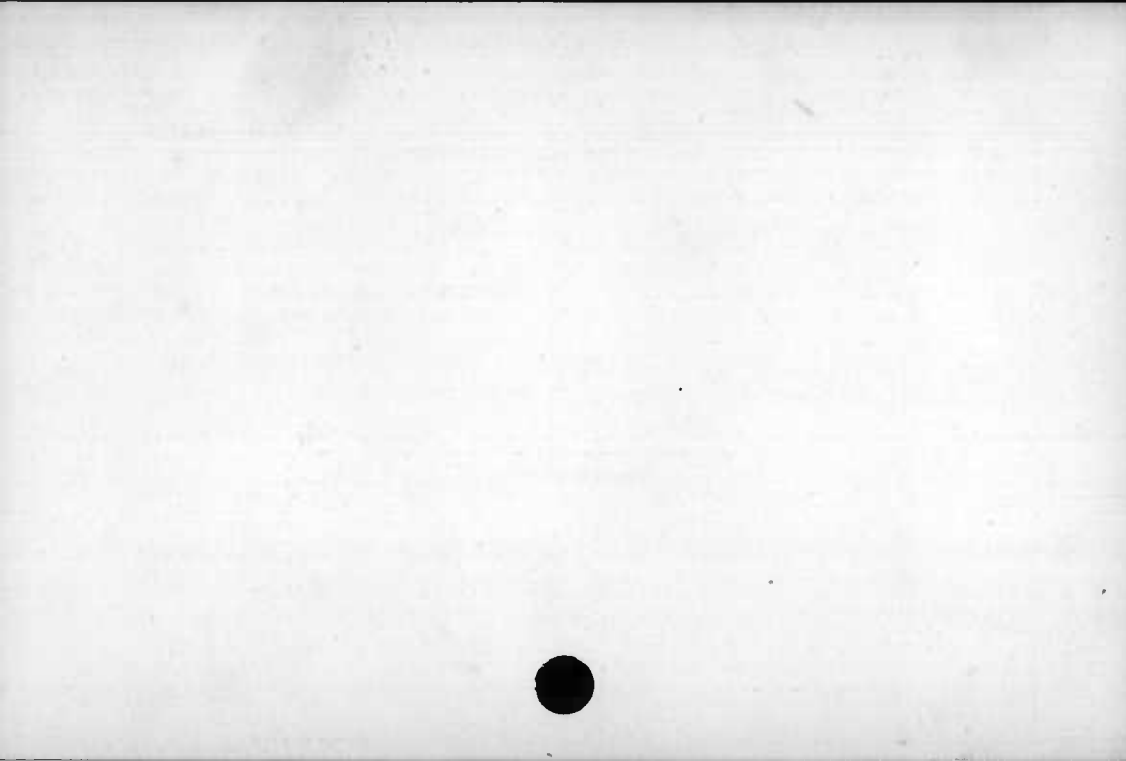
Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		Cynthia Elizabeth Cooper				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		1908	Month	Feb	Day	10th
				Age	69	Years	Months	Days
		Sex		Female	Color or Race	White	Birth-place	
		Occupation		House wife	Where Residing if not at place of death		Churchville	
		Married, Single or Widowed		Widow	Name of Wife or Husband		Aquila J. Cooper	
		Father's Name		Jacob Farwood		Father's Birthplace		Portland
Mother's Maiden Name		Elizabeth Richards		Mother's Birthplace		Maryland		
Name of person giving information		Clinton Cooper		How related to deceased		Son		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Circumstances of Death				7 weeks		
		Immediate				How long		
		Exhaustion & Hemorrhage				one week		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J A Callahan				
Address		Address		Belcamp				
Accident or Suicide?		No		Ma				

112



Name
in
FullMrs. Alice Anna Heckman
Dublin Town Starford County

CERTIFICATE OF DEATH

MARYLAND

Died at
Date of death 1908 Feb. 19th Age 67^{1/2} Years 8 Months 15 Days

Sex Female Color or Race White Birth place Chester Co., Pa.

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband John A. Heckman.

Father's Name Stephen House Father's Birthplace Not known.

Mother's Maiden Name Phoebe Singleton Mother's Birthplace Not known.

Name of person giving information Miss Alice A. Heckman How related to deceased Daughter.

CAUSES OF DEATH

64

Primary Arterio Sclerosis How long Six years.

Immediate Apoplexy How long 17 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

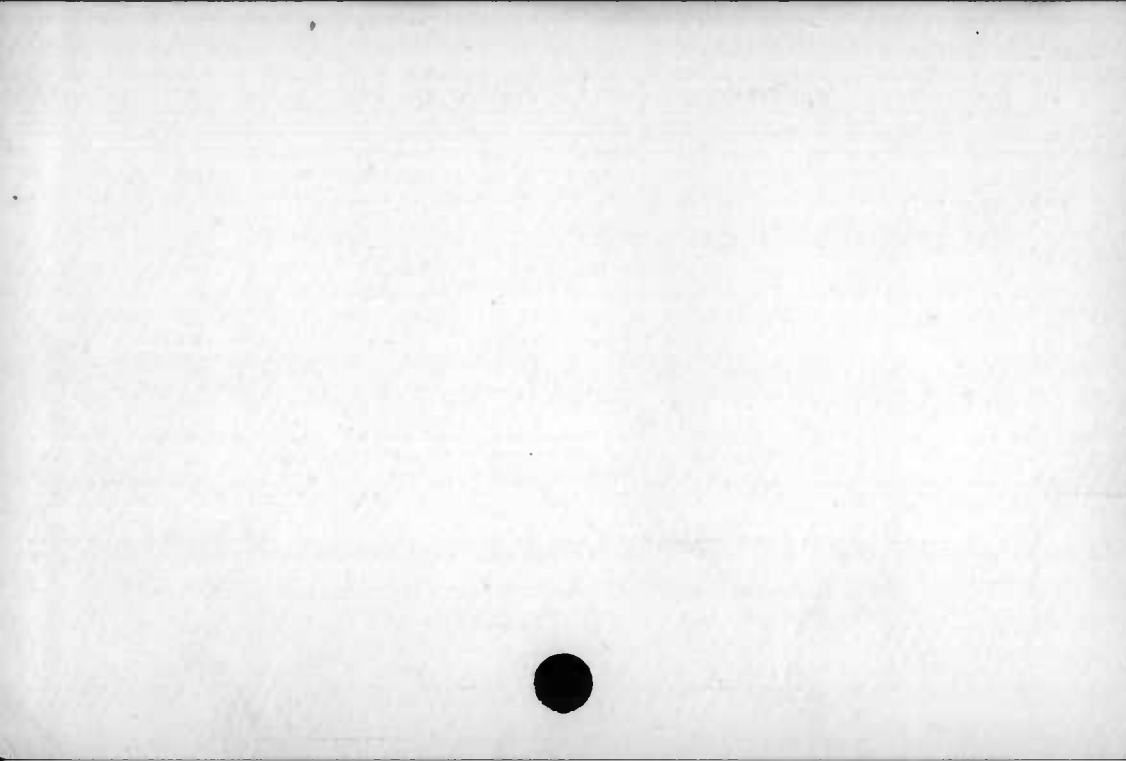
Signature of Physician

Address

J. H. Tobias
Bartleson, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Louisa Deets

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

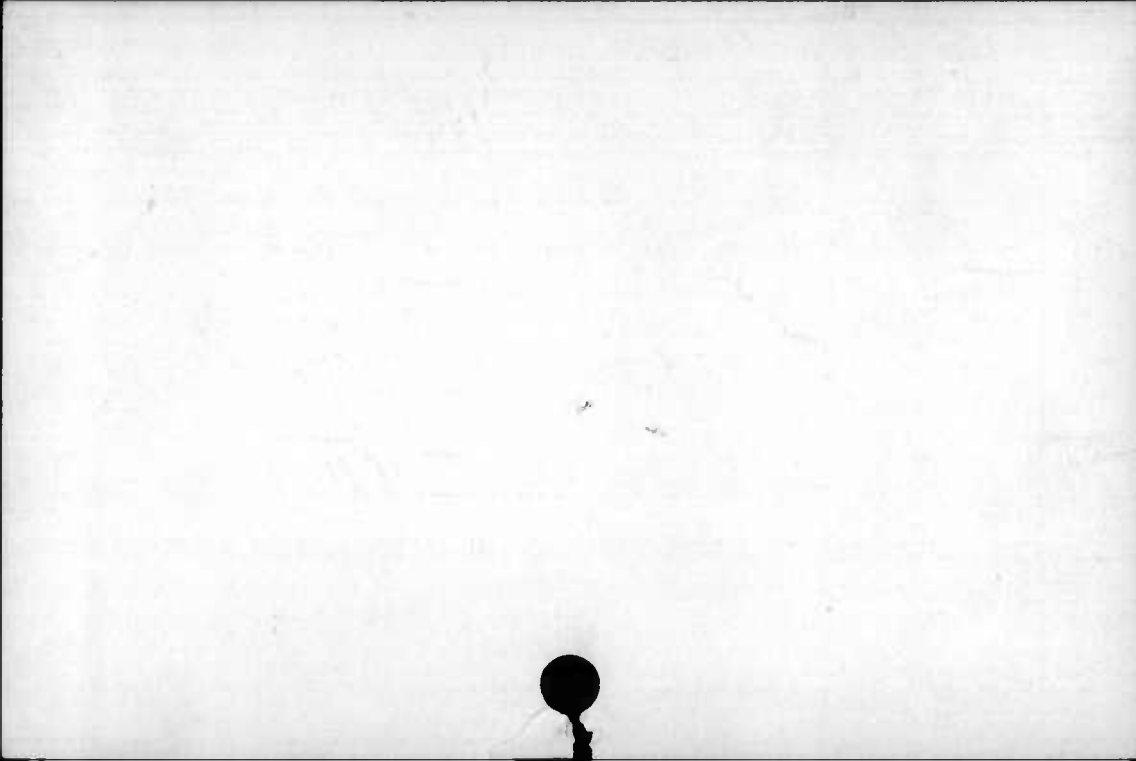
Died at <i>Garrettsville</i>		Town		<i>Harford</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Feb</i>	Day	<i>15</i>	Time	<i>6:30 PM</i>	Age	<i>77</i>
Sex <i>Female</i>		Color or Race		<i>White</i>		Birth-place		<i>Harford Co Md.</i>	
Occupation				Where Residing if not at place of death					
<i>Housekeeping</i>									
Married, Single or Widowed		<i>Widow</i>		Name of Wife or Husband		<i>Samuel Deets</i>			
Father's Name		<i>William Cairnes</i>				Father's Birthplace		<i>Harford Co Md.</i>	
Mother's Maiden Name		<i>Elizabeth Vance</i>				Mother's Birthplace		<i>Baltimore Co Md.</i>	
Name of person giving information		<i>Mary E Burton</i>				How related to deceased		<i>Daughter</i>	

CAUSES OF DEATH

114

PHYSICIAN
OR CORONER

Primary	<i>Suppurative Cholangitis</i>	How long	<i>Several months</i>
Immediate	<i>Septicemia & Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>H. F. Bradley</i>	
		Address	
		<i>Garrettsville Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Olla May Doyle

Died at Minefield Town

Harford County

MARYLAND

Date of death 1908 Feb. 3

Age 23

Months

Days

Sex Female

Color or
Race

White

Birth-
place

Md.

Occupation

Dress Making

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Thos. J. Doyle

Father's
Birthplace

Md.

Mother's
Maiden Name

M. E. Frederick

Mother's
Birthplace

Md.

Name of person giving
Information

M. E. Doyle

How related
to deceased

Mother

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

Six months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

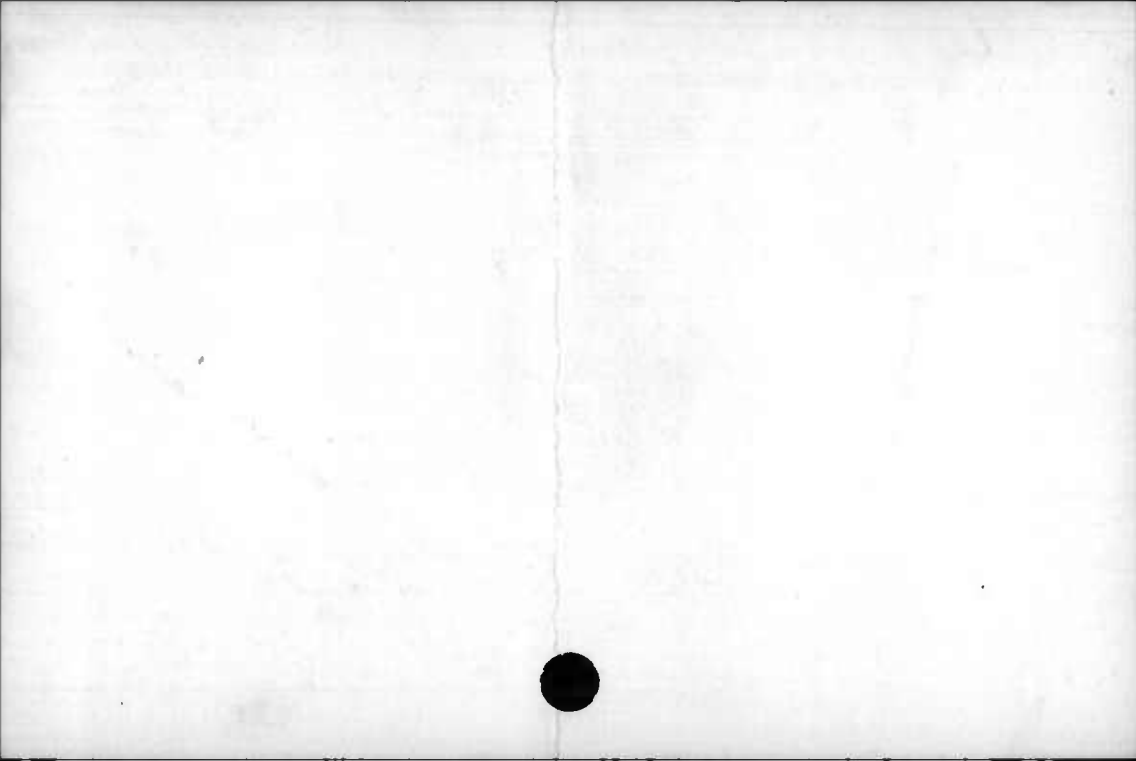
Signature of
Physician

E. W. Harnes

Address

St. Louis Md.

Accident or Suicide?



Name
in
Full

Mary A Earl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

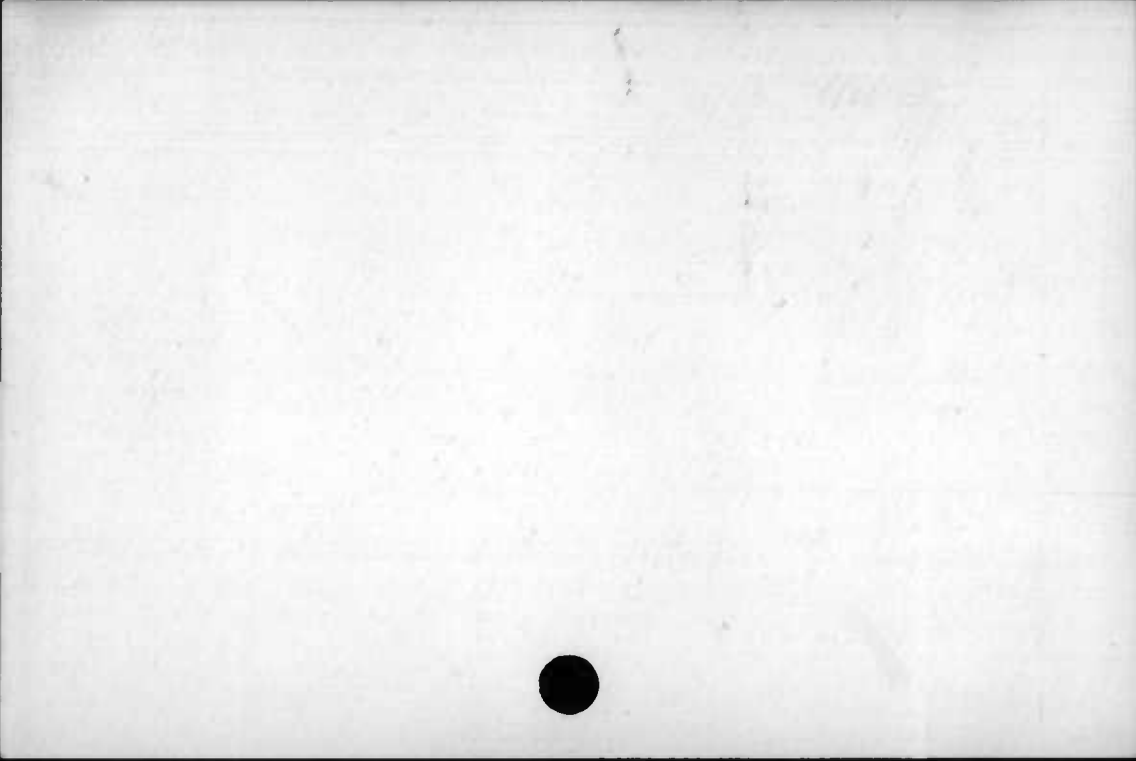
Died at <i>Harrods Grace</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND	
Date of death 190 <i>8</i>	<i>2</i> <small>Month</small>	<i>29</i> <small>Day</small>	<i>65</i> <small>Years</small>	<i>-</i> <small>Months</small>	<i>-</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>		
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>H. de Grace</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary M. Earl</i>				
Father's Name <i>John C. Norfolk</i>	Father's Birthplace <i>Neelum Shon Md.</i>				
Mother's Maiden Name <i>Sarah Shumard</i>	Mother's Birthplace <i>Easton Shon Md.</i>				
Name of person giving information <i>Mary M. Earl</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>4 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. Shumard</i>	
		Address <i>Harrods Grace Md</i>	
Accident or Suicide?			



Name

in
Full

George Gibson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Paradise

County

Harford

Date

Month

Day

Years

Months

Days

of death

1908

Feb

22

Age

28

Sex

Male

Color or
Race

black

Birth-
place

Harford co

Occupation

Labor

Where Residing if not
at place of death

Near Paradise

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Geo Gibson

Father's
Birthplace

Maryland

Mother's
Maiden Name

Bessie Mitchell

Mother's
Birthplace

Maryland

Name of person giving
Information

Mother

How related
to deceased

Mother

CAUSES OF DEATH

166

Primary

Killed By the B & O Cars

How long

Immediate

Near Swan Creek

How long

Are the name, age, sex, color, date
and place correctly given above?

Black

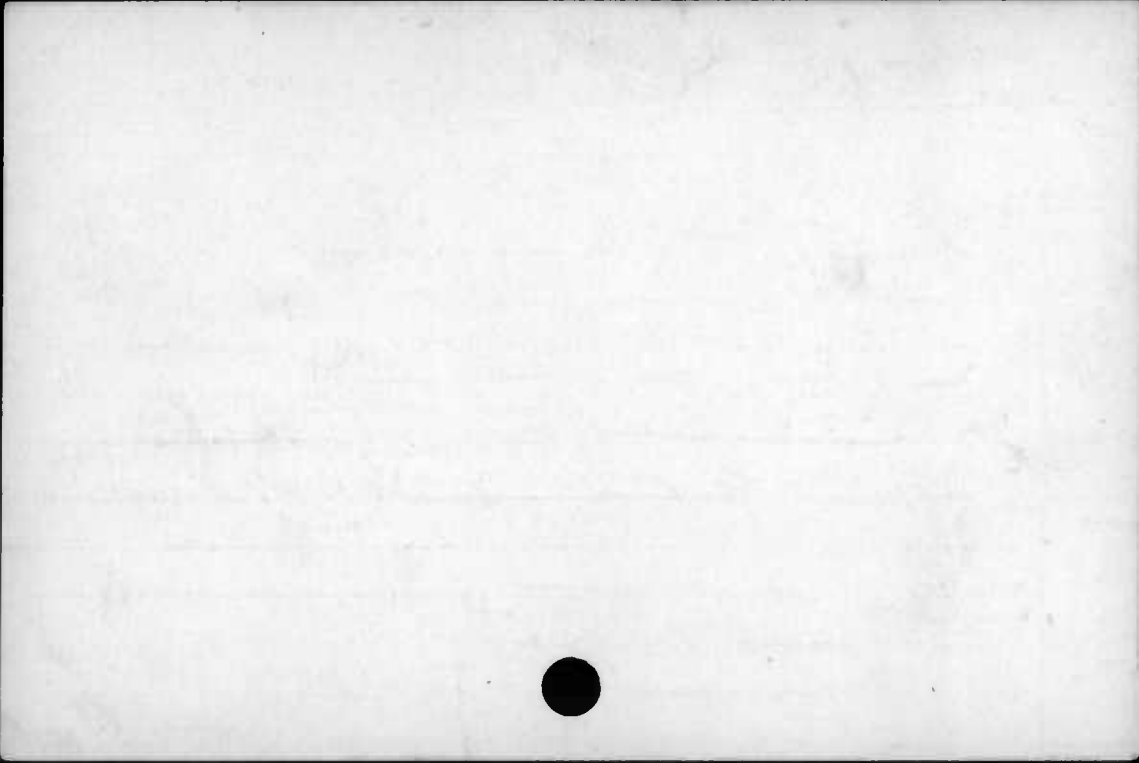
Signature of
Physician

Address



Jacob P Osborn Coroner

Accident or Suicide?



Name
in
Full

Edward Gilbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

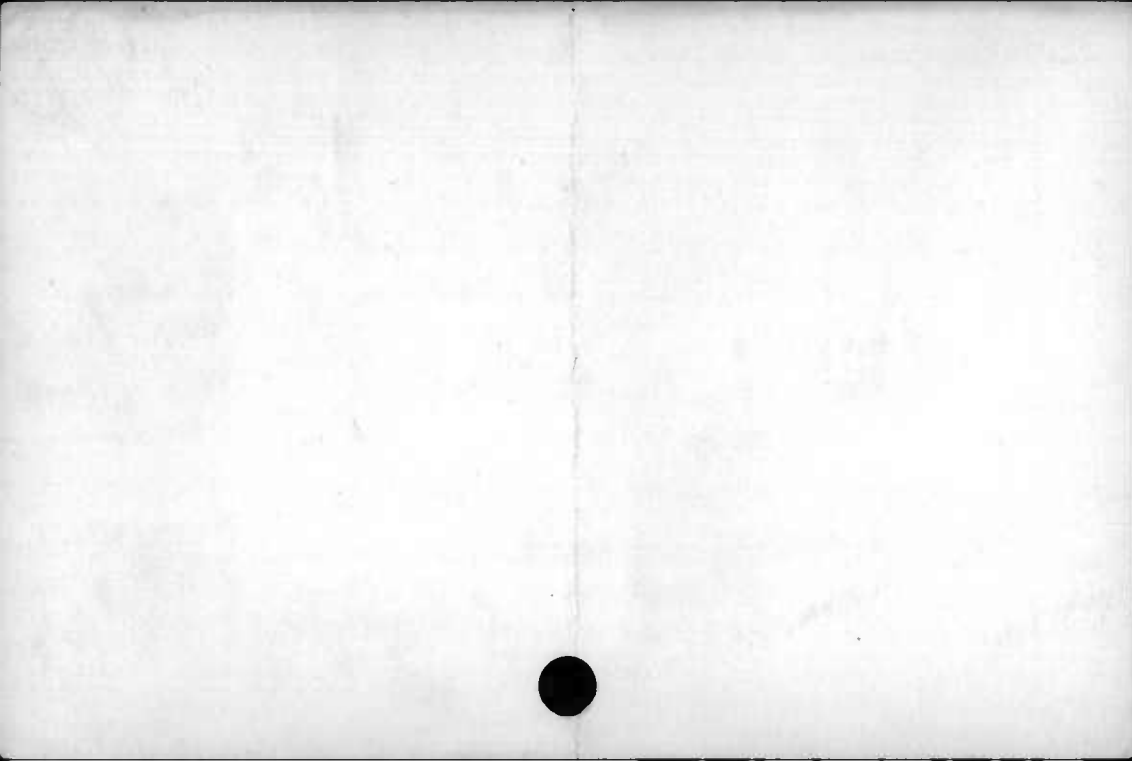
Died at <i>Sun Powder Neck</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>2</i>	Day <i>10</i>	Age <i>14</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Ind</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married , Single		Name of Wife or Husband					
Father's Name <i>William Gilbert</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving information <i>William Gilbert</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

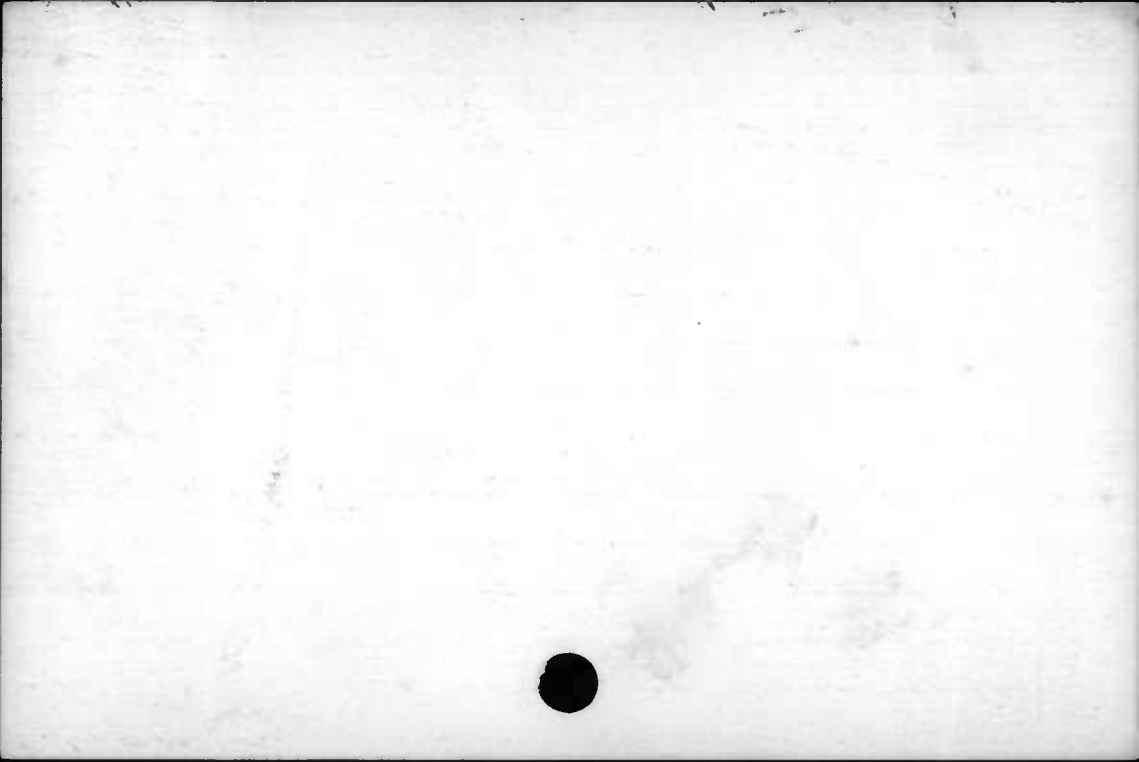
27

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>months to find out</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Charles R. Roto</i>
	Address <i>Edgewood</i>
Accident or Suicide?	



Name in Full George James Green		CERTIFICATE OF DEATH	
Died at New Bay Brand		County Harford	
Date of death 1908 Feb. 3		Age 47	
Sex Male		Color or Race White	
Occupation Farmer		Where Residing if not at place of death —	
Married, Single or Widowed Married		Name of Wife or Husband Rebecca S. Wiley	
Father's Name Thomas Green		Father's Birthplace Maryland	
Mother's Maiden Name Rebecca Kitchwood		Mother's Birthplace Maryland	
Name of person giving information Rebecca Green		How related to deceased Wife	
CAUSES OF DEATH (27)			
Primary Tuberculosis		How long 3 years	
Immediate Collaps		How long 2 days.	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. Milled Stuhling	
		Address White Hall Md.	
Accident or Suicide? —			



Name
in
Full

Ramon R Grimmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

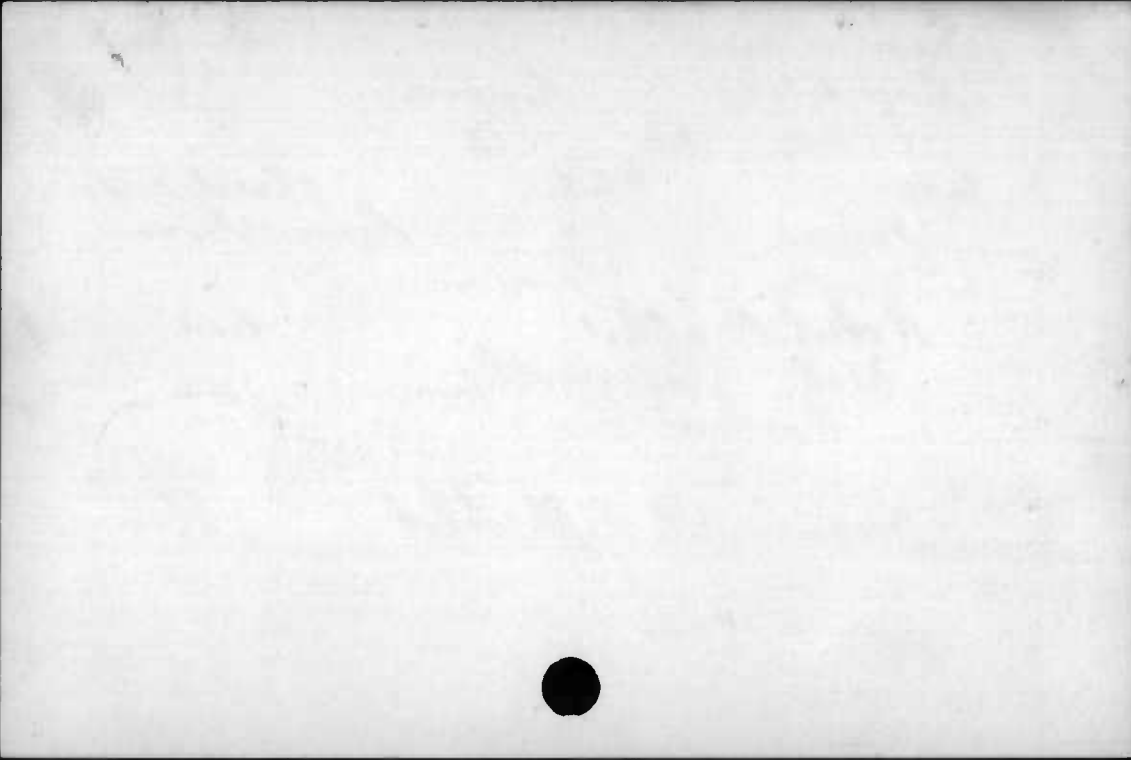
Died at <i>Pylesville</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death	1908	Month	February	Day	21
Sex		Male	Color or Race	White	Birth-place
Occupation		None		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		George M Grimmer		Father's Birthplace	
Mother's Maiden Name		Dora King		Mother's Birthplace	
Name of person giving information		George M Grimmer		How related to deceased	
				Father	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>3 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>E. J. Grimmer</i>	
		Address	
		<i>Street B</i>	
Accident or Suicide?			



Name
in
Full

Morgan Haller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Harrods Grace^{County} Harford

MARYLAND

Date of death 1908 Feb'y.

Day 22

Age 13

Months -

Days -

Sex Male

Color or Race White

Birth-place Pearl Frederick

Occupation None

Where Residing if not at place of death Harrods Grace

Married, Single or Widowed Single

Name of Wife or Husband None

Father's Name Robert Haller

Father's Birthplace Pearl Frederick

Mother's Maiden Name Mol Eaworthy

Mother's Birthplace Pearl Frederick

Name of person giving In formation Richard Long

How related to deceased None

CAUSES OF DEATH

166

Primary

Accidental Rifle Shot

How long 7 Hours

Immediate

"

"

"

How long " "

Are the name, age, sex, color, date and place correctly given above?

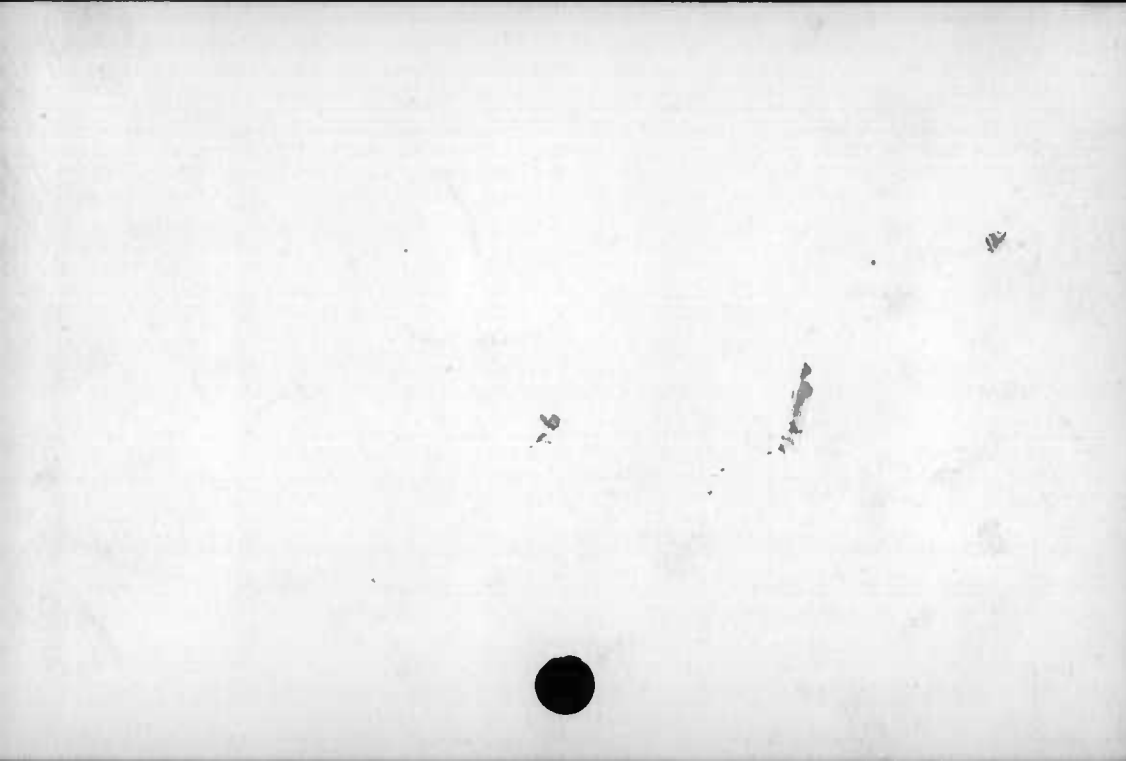
Signature of Physician

Sylvester E. Penning
Justice of the Peace and
Coroner

Address

Harrods Grace Md.

Accident or Suicide?



Name
is
Full

Elizabeth Harmon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

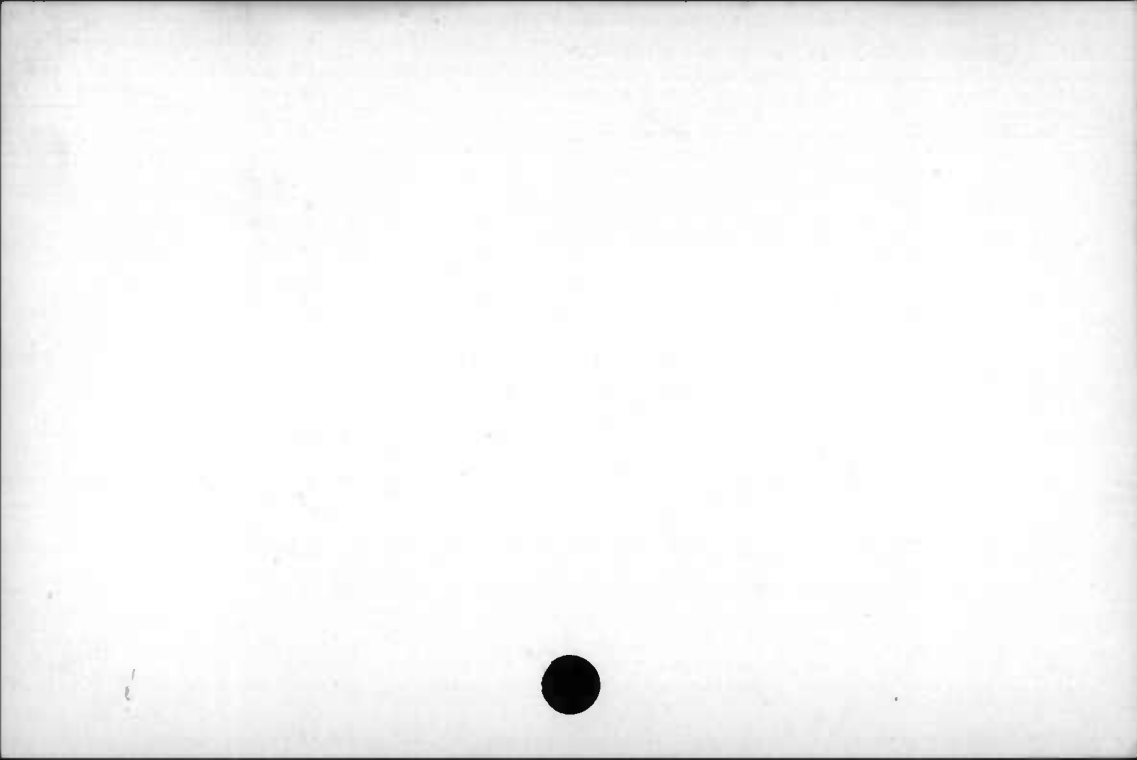
Died at <i>Dry Branch</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	<i>Feb</i> ^{Month}	<i>24</i> ^{Day}	<i>24</i> ^{Age}	<i>11</i> ^{Months}
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Dry Branch</i>
Occupation	—			Where Residing if not at place of death	<i>Dry Branch</i>
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Thos Harmon</i>		Father's Birthplace	<i>Harford Co</i>
Mother's Maiden Name		<i>Don't know</i>		Mother's Birthplace	<i>Don't know</i>
Name of person giving information		<i>J J Turner</i>		How related to deceased	<i>none</i>

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	How long	<i>three days</i>
Immediate	How long	<i>three days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	<i>J J Turner MD</i>
<i>as far as I know</i>	Address	<i>White Hall</i>
		<i>R F D No 3. Maryland</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Nathan Harry* Town *Whitfield* County *Harford* MARYLAND

Died at *Whitfield* Date of death *1908* Month *Feb* Day *11* Age *80* Years Months *11* Days

Sex *male* Color or Race *white* Birth-place *Harford Md*

Occupation *Farmer* Where Residing if not at place of death *at home*

Married, ~~Single~~ *Married* Name of Wife or ~~Husband~~ *Rachel E. Proff Harry*

Father's Name *Joe Harry* Father's Birthplace *Harford Md*

Mother's Maiden Name *Elizabeth Kyle* Mother's Birthplace *Harford Md*

Name of person giving information *Mrs J Howard Sturks* How related to deceased *Daughter*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

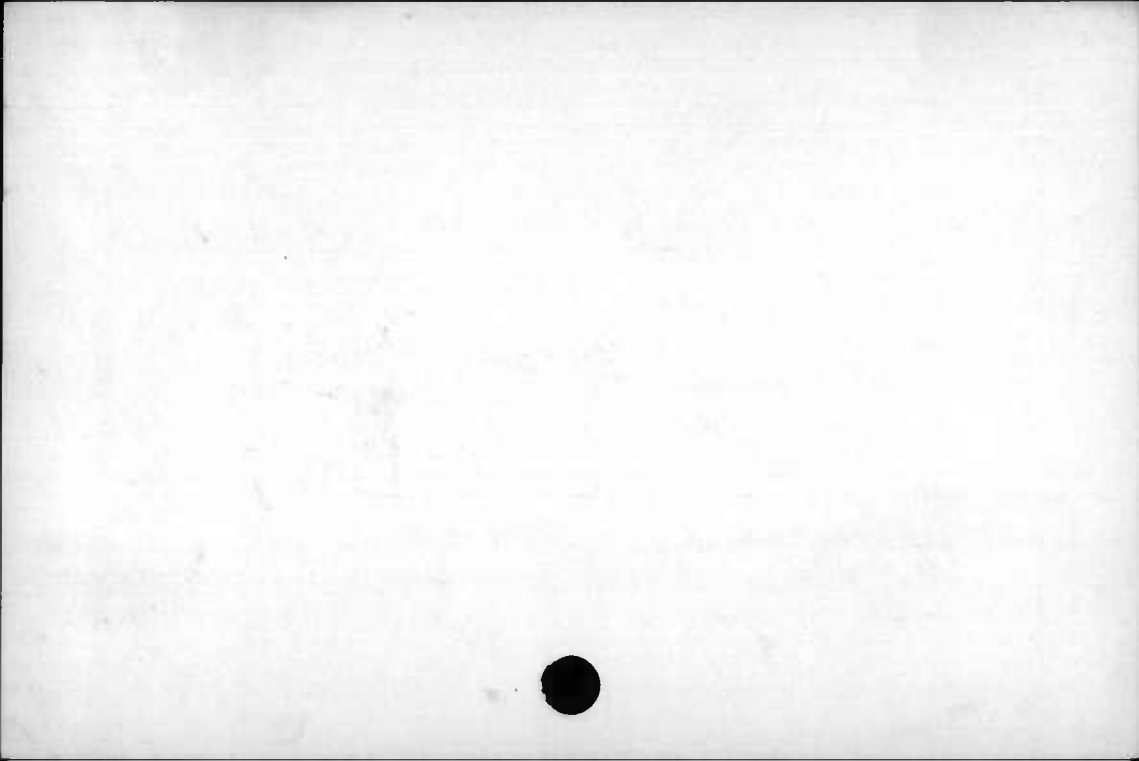
Primary *Old Age* How long

Immediate *Grip* How long *and work*

Are the name, age, sex, color, date and place correctly given above? *ya*

Signature of Physician *Dr R. E. Arthur* Address *Cardiff Md*

Accident or Suicide? *no*



Name
In
Full

Ella, A. Bomberger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Sharon* TownCounty *Harford*

Date

of death *1908*

Month

Feb

Day

8

Years

Age

30

Months

Days

Sex

*Female*Color or
Race*White*Birth-
place*Harford Co.,*

Occupation

*House Wife*Where Residing if not
at place of death*Sharon Md*Married, Single
or WidowedName of Wife or
Husband*Joseph Bomberger*Father's
Name*John T. Harkin*Father's
Birthplace*Harford Co.,*Mother's
Maiden Name*Sultina Brier*Mother's
Birthplace*Harford Co.*Name of person giving
information*Joseph Bomberger*How related
to deceased*Husband*

CAUSES OF DEATH

10

Primary

Influenza & Pneumonia

How long

3 wks

Immediate

Typhoid Septicemia

How long

*8 days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*F. P. Smith*

Address

Forest Hill Md

Accident or Suicide?

31.1^{ms} 13 290-

Name in Full		Elijah Howard				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Bel Air		County		Haryard	
	Date of death		1906		Age		38	
	Sex		Male		Color or Race		Black	
	Occupation		Lawyer		Where Residing if not at place of death		Bel Air Md	
	Married, Single		Name of Wife or Husband		Marion J. Howard			
	Father's Name		Elijah Howard		Father's Birthplace		Md	
	Mother's Maiden Name		Jenne Howard		Mother's Birthplace		Md	
	Name of person giving Information		M. J. Howard		How related to deceased		Wife	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">27</div>								
PHYSICIAN OR CORONER	Primary		Tuberculosis		How long		How long	
	Immediate		Tuberculosis		How long		How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Dr. Chas. Richardson	
	Address		Bel Air		Md			
Accident or Suicide?								

Tabernacles

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

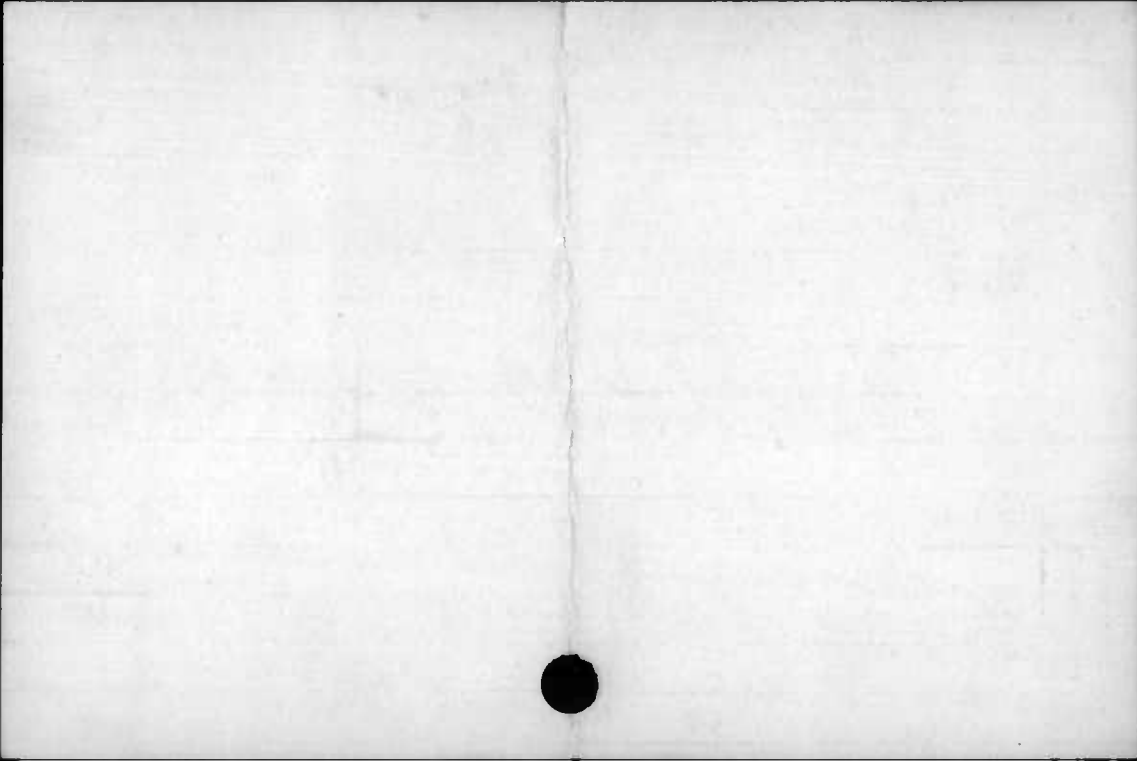
Died at <i>Pyleville</i> ^{Town}		<i>Hager</i> ^{County}		MARYLAND	
Date of death	190 <i>8</i>	Month	<i>Feb.</i>	Day	<i>6</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Pa.</i>
Occupation	<i>House Wife</i>	Where Residing if not at place of death <i>Pyleville -</i>			
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband <i>Unknown</i>			
Father's Name	<i>John T. Martan</i>			Father's Birthplace	<i>Ireland</i>
Mother's Maiden Name	<i>MCC Guffin</i>			Mother's Birthplace	<i>Pa.</i>
Name of person giving information	<i>Teresa Martan</i>			How related to deceased	<i>Sister-in-law</i>

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Organic Heart Disease</i>	How long	<i>2 years -</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. J. H. Jones</i>	
<i>Yes</i>		Address <i>Street Dr. Hager Co.</i>	
Accident or Suicide?			



Name
in
Full

Evan. F. Humphrey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cardiff</u> Town		<u>Harford</u> County		MARYLAND	
Date of death	1908	Month	Feb	Day	28
		Age	19	Years	
		Months	7	Days	
Sex	Male	Color or Race	White	Birth-place	Bella PA
Occupation	Invalid.		Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	H. D. Humphrey		Father's Birthplace		
			Wales		
Mother's Maiden Name	Winifred F. Jones		Mother's Birthplace		
			Wales		
Name of person giving information	H. D. Humphrey		How related to deceased		
			Father		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Chronic Nephritis</u>	How long	<u>Three years</u>
Immediate	<u>Paralysis</u>	How long	<u>one week</u>
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	<u>Dr. H. E. Arthur</u>		
Address	<u>Cardiff MD</u>		
Accident or Suicide?	No		

Slateville

Mar. 2 - 08

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i> <small>Town</small> <i>Harford</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i> <small>Month</small> <i>Feb</i> <small>Day</small> <i>21</i> <small>Years</small> <i>33</i> - <small>Months</small> <small>Days</small>			
Sex <i>Female</i> <small>Color or Race</small> <i>Black</i> <small>Birth-place</small> <i>md</i>			
Occupation <i>House wife</i> <small>Where Residing if not at place of death</small> <i>Bel Air</i>			
Married, Single or Widowed <i>Married</i> <small>Name of Wife or Husband</small> <i>George Jackson</i>			
Father's Name <i>Jesse Wiggins</i> <small>Father's Birthplace</small> <i>md</i>			
Mother's Maiden Name <i>Mattie White</i> <small>Mother's Birthplace</small> <i>md</i>			
Name of person giving information <i>George Jackson</i> <small>How related to deceased</small> <i>Husband</i>			

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary <i>Meningitis</i> <small>How long</small>	
Immediate <small>How long</small>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Geo. Richardson</i>
	Address <i>Bel Air md</i>
Accident or Suicide?	

Mountain

Name
in
Full

Eliza

Johns.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Abingdon</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND		
Date of death	<i>1908</i>	Month <i>February</i>	Day <i>18th</i>	Age <i>81</i>	Months <i>9</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Abingdon</i>					
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>William Johns</i>					
Father's Name <i>James Franklin</i>	Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Ellen</i>	Mother's Birthplace <i>Ido</i>					
Name of person giving information <i>J. J. Johns</i>	How related to deceased <i>Son</i>					

CAUSES OF DEATH

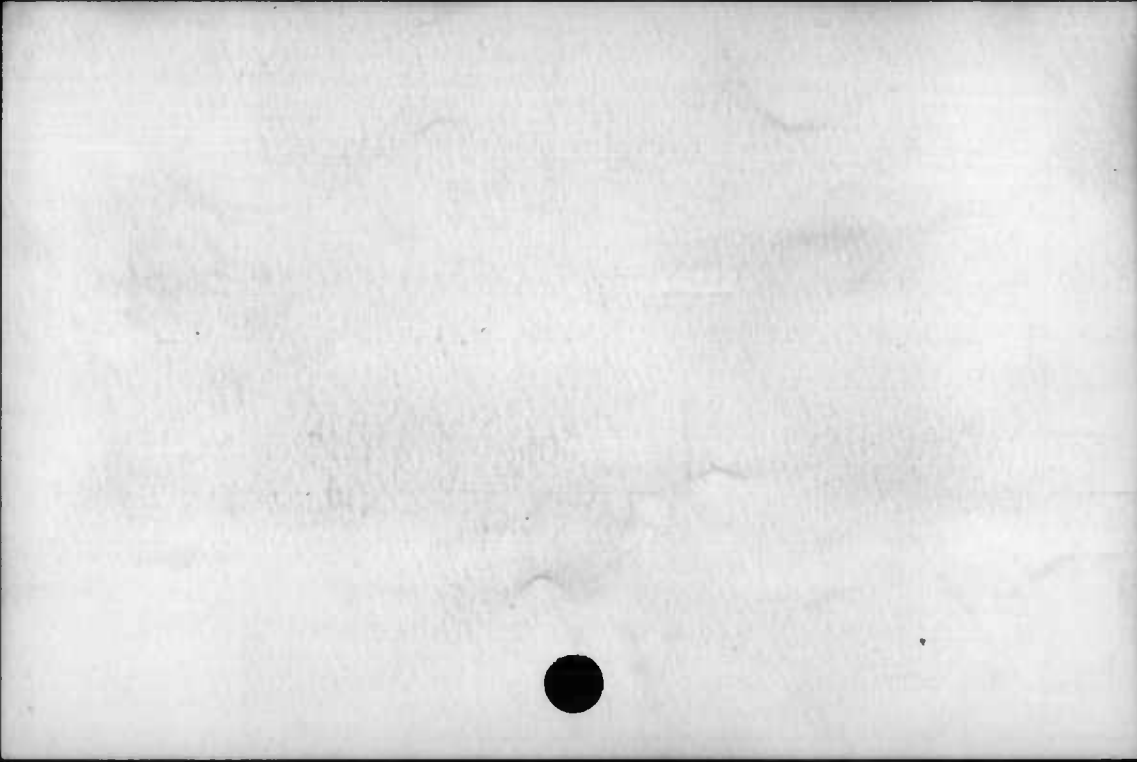
64

PHYSICIAN
OR CORONER

Primary <i>Natural Causes</i>	How long <i>Several years</i>
Immediate <i>Cerebellar hemorrhage</i>	How long <i>70 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. Oppermann</i>
	Address <i>Abingdon Md.</i>
Accident or Suicide? <i>no</i>	



Name in Full		Harriett A. Johnson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town N. Peryman	County Harford		MARYLAND	
	Date of death		1908	Month 2	Day 2	Years 53	Months 1
	Sex		Female		Color or Race	Black	
	Occupation		House Wife		Birth-place	Harford Co.	
	Where Residing if not at place of death		- - - - -				
	Married, Single or Widowed		Married		Name of Wife or Husband H. Edward Johnson		
	Father's Name		Nathaniel Frisby		Father's Birthplace Unknown		
Mother's Maiden Name		Unknown		Mother's Birthplace Unknown			
Name of person giving information		H. Edward Johnson		How related to deceased			Husband
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pneumonia		How long 6 days		
	Immediate		1		How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician J. H. Dries		
	Address		Peryman		Ma		
Accident or Suicide? No							



Name
in
Full

Bariah Johnson

CERTIFICATE OF DEATH

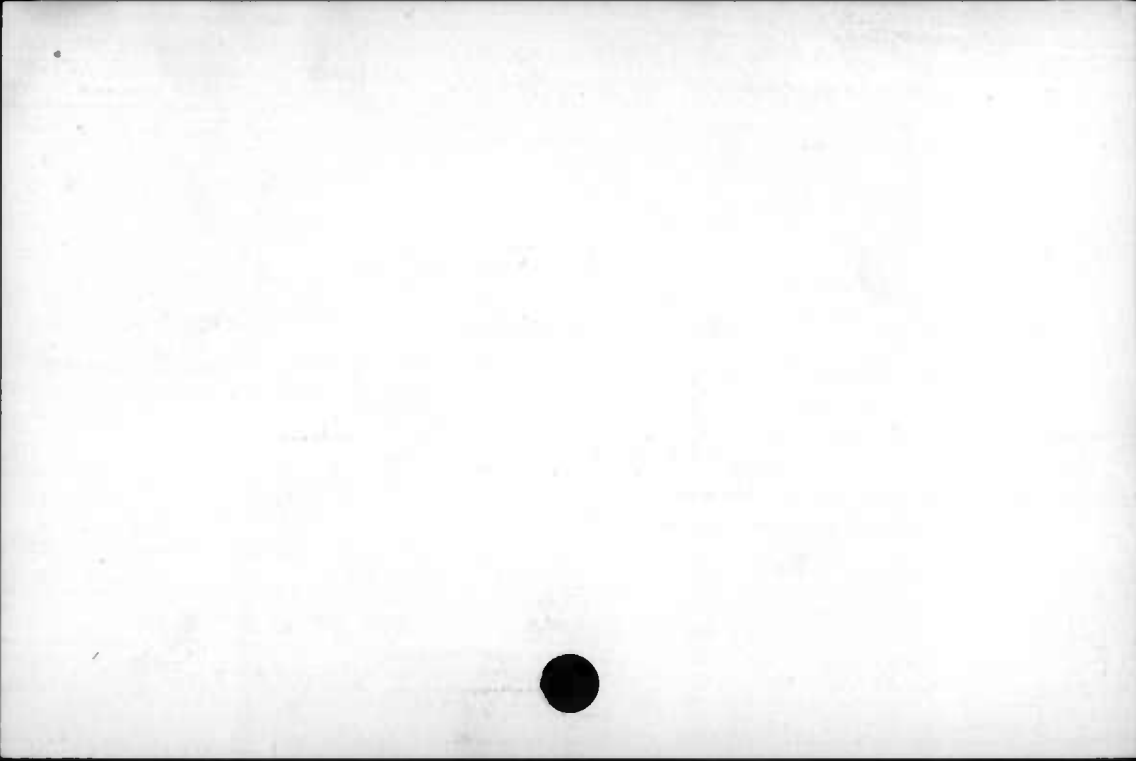
Died at Creswell <small>Town</small>		Harford <small>County</small>		MARYLAND	
Date of death 1908	Feb. <small>Month</small>	22 <small>Day</small>	Age 80 <small>Years</small>	— <small>Months</small>	— <small>Days</small>
Sex male	Color or Race Colored		Birth-place Maryland		
Occupation Labor			Where Residing if not at place of death Creswell		
Married, Single or Widowed		Name of Wife or Husband not known			
Father's Name not known			Father's Birthplace not known		
Mother's Maiden Name not known			Mother's Birthplace not known		
Name of person giving information J. F. Mitchell & others			How related to deceased none		

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

154

PHYSICIAN OR CORONER	Primary Natural Causes	How long
	Immediate Old age	How long
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Cyrus L. Brown
	Yes	Address Sub. Reg.
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Wesley Johnson

Died at Creswell ^{Town} Hairfield ^{County}

MARYLAND

Date of death 1908 ^{Month} 2 ^{Day} 13 ^{Years} 20 ^{Months} — ^{Days} —

Sex Male Color or Race Colored Birth-place Ind

Occupation Labourer Where Residing if not at place of death —

Married, Single Single Name of Wife or Husband —

Father's Name W. Johnson Father's Birthplace Ind

Mother's Maiden Name Julia Robert Mother's Birthplace unknown

Name of person giving information J. Johnson How related to deceased Father

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Pneumonia How long 10 days

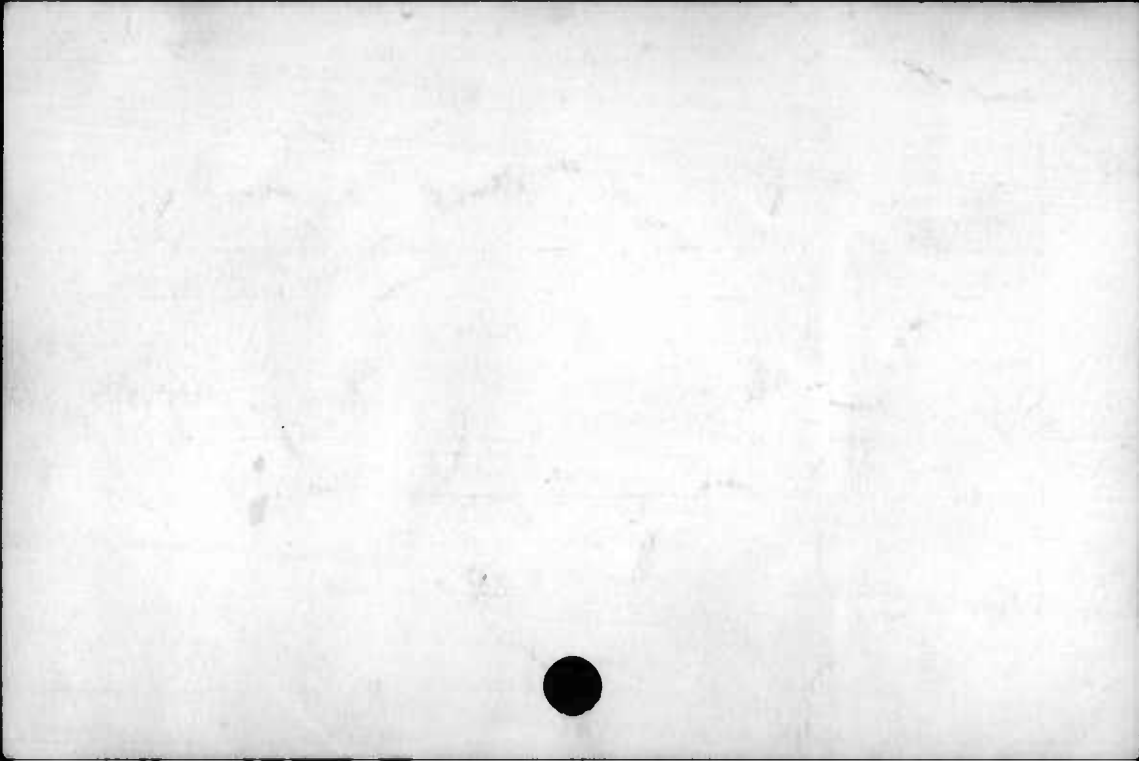
Immediate Exhaustion & heart failure How long 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. A. Callahan

Address Creswell
Mo.

Accident or Suicide? No



Name
in
Full

CERTIFICATE OF DEATH

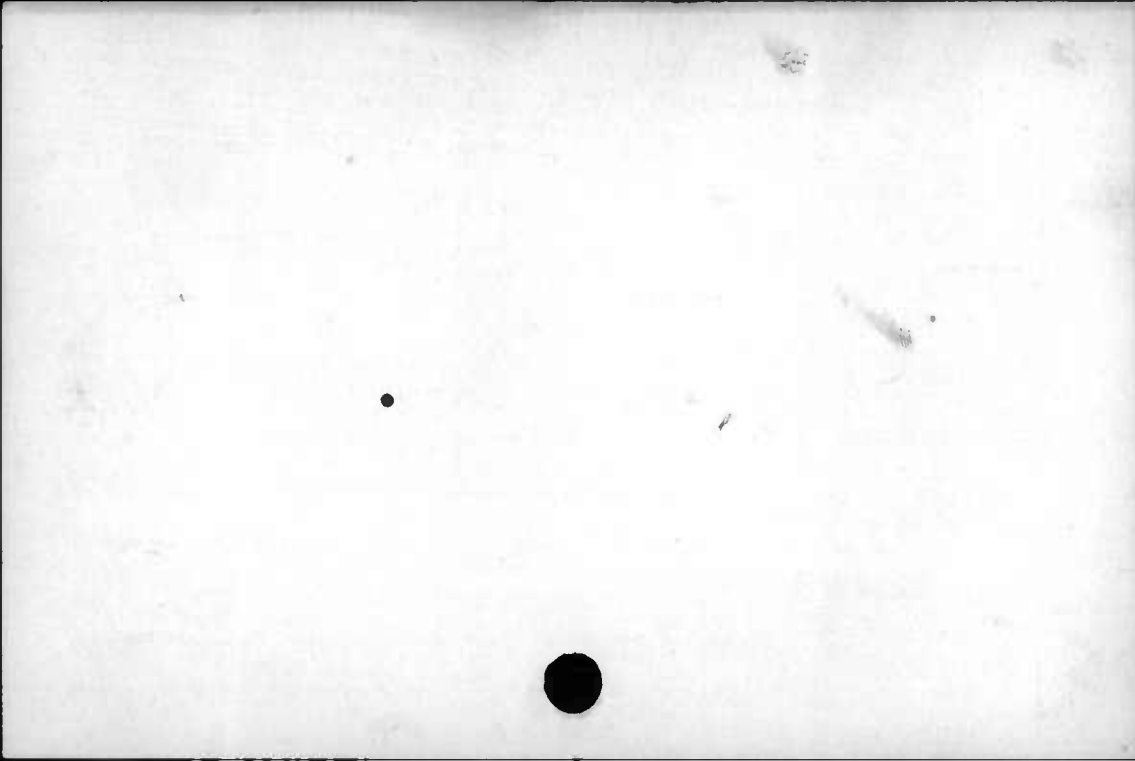
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ellen Jones</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Cardiff</i>		Town <i>Cardiff</i>		State <i>Maryland</i>	
Date of death <i>1908</i>		Day <i>2</i>	Age <i>70</i>	Months <i>—</i>	Years <i>—</i>
Sex <i>Female</i>	Color or Age <i>White</i>	Birth-place <i>Wales</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>W. Jones</i>		Father's Birthplace <i>Wales</i>			
Mother's Maiden Name <i>Mrs. Jones</i>		Mother's Birthplace <i>Wales</i>			
Name of person giving information <i>Mrs. Jones</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cardiac</i>	How long <i>of etranch Card Year</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, etc. and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. E. Arthur</i>
	Address <i>Cardiff Md</i>
Accident or Suicide? <i>No</i>	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Fulford</i>		County <i>Harford</i>		MARYLAND		
Date of death		190 <i>8</i>	Month <i>Feb</i>	Day <i>9</i>	Age <i>20</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>				
Occupation <i>Housework</i>		Where Residing if not at place of death <i>Fulford</i>						
Married , Single or Widowed		Name of Wife or Husband						
Father's Name <i>Charles H. Jones</i>		Father's Birthplace <i>Ind.</i>						
Mother's Maiden Name <i>Margaret Harward</i>		Mother's Birthplace <i>Ind.</i>						
Name of person giving information <i>Helia Harward</i>		How related to deceased <i>Cousin</i>						

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary <i>Diabetes mellitus</i>	How long <i>1 year</i>
Immediate <i>Leoma</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. D. Page</i>
	Address <i>Bel Air</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Churchville</u> Town		<u>Hampford</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Feb</u>	Day <u>4</u>	Age <u>86</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind.</u>			
Occupation <u>Laundryman</u>	Where Residing if not at place of death <u>Churchville</u>				
Married, Single or <u>Widowed</u>	Name of Wife or Husband				
Father's Name <u>Elmer Kennedy</u>	Father's Birthplace <u>Ind.</u>				
Mother's Maiden Name <u>Louise M. Howard</u>	Mother's Birthplace <u>Ind.</u>				
Name of person giving information <u>James B. Kennedy</u>	How related to deceased <u>Nephew</u>				

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <u>Bronchitis</u>	How long <u>Several years -</u>
Immediate <u>Hemorrhage from stomach & exhaustion</u>	How long <u>24 hours -</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. F. Van Bibber</u>
	Address <u>B. B. Quinn</u>
Accident or Suicide? <u>No</u>	<u>Ind.</u>

Chen

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Feb	18	23			
Sex	Male	Color or Race	White	Birth-place	Ind.		
Occupation	Farmer			Where Residing if not at place of death	Churchville		
Married, Single or Widowed	Single			Name of Wife or Husband	Mary E. Kennedy		
Father's Name	Elizah B. Kennedy			Father's Birthplace	Ind.		
Mother's Maiden Name	Sarah E. McVabb			Mother's Birthplace	Ind.		
Name of person giving information	Sarah E. Stewart			How related to deceased	Daughter		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Dr. Chas. Kieburd
	Address
	Bel Air Md
Accident or Suicide?	

Church

Name
in
Full

William H. See

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

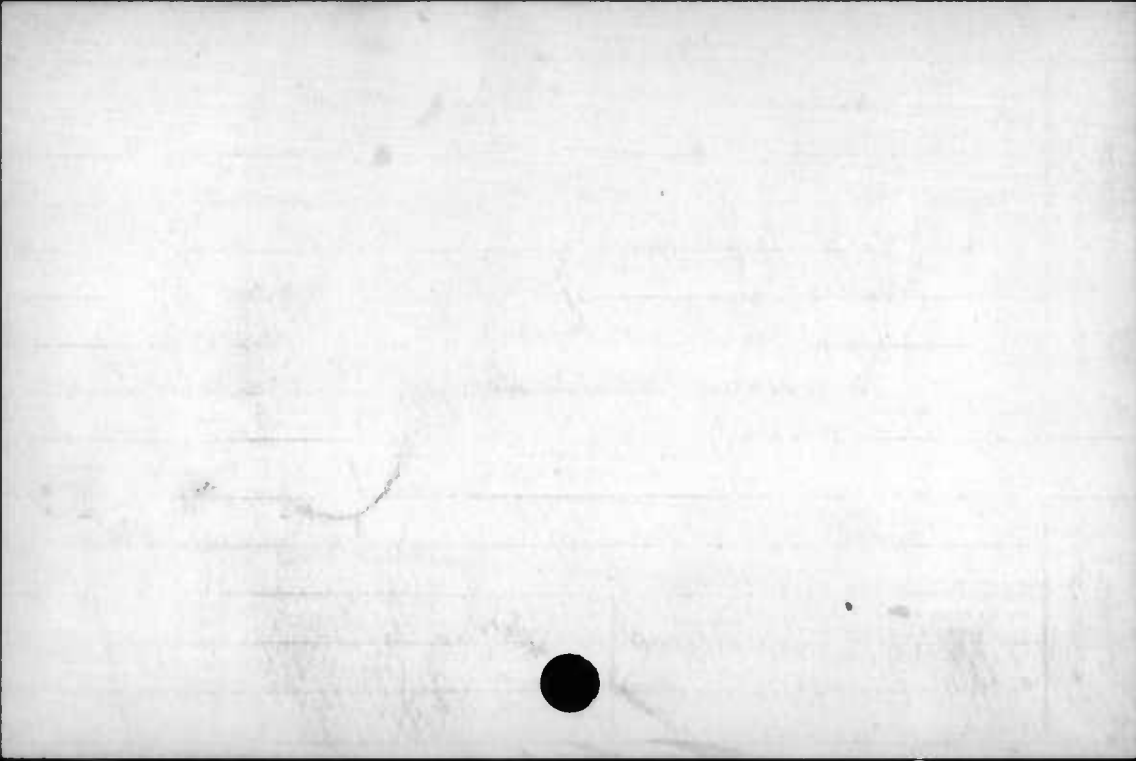
Died at <u>Berryman</u> Town		<u>Harford</u> County		MARYLAND	
Date of death	1908	Month	Feb	Day	27
Age	65	Years		Months	
Sex	Male	Color or Race	Colored	Birth-place	Maryland
Occupation	Laborer		Where Residing if not place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Sewey, L. See		
Father's Name	John H. Reed		Father's Birthplace	Maryland	
Mother's Maiden Name	Sarah Reed		Mother's Birthplace	Maryland	
Name of person giving information	Joseph F. Johnson		How related to deceased	None	

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	<u>Bright's Disease</u>	How long	<u>3 weeks</u>
Immediate	<u>" "</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>J. H. Hies</u>	
		Address	
		<u>Berryman</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *May M. Lewis*Died at *Kalunia* TownCounty *Stafford*

MARYLAND

Date
of death *1908*Month
*2*Day
18

Age

Years
16

Months

Days

Sex *Female*Color or
Race*colored*Birth-
place*Stafford Co.*

Occupation

*school girl*Where Residing if not
at place of deathMarried, Single
or Widowed*single*Name of Wife or
HusbandFather's
Name*Robt. Lewis*Father's
Birthplace*Stafford Co.*Mother's
Maiden Name*May Corn*Mother's
Birthplace*Stafford Co.*Name of person giving
In formation*Robt. Lewis*How related
to deceased*Father*

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

2 years

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*F. L. Hughes*

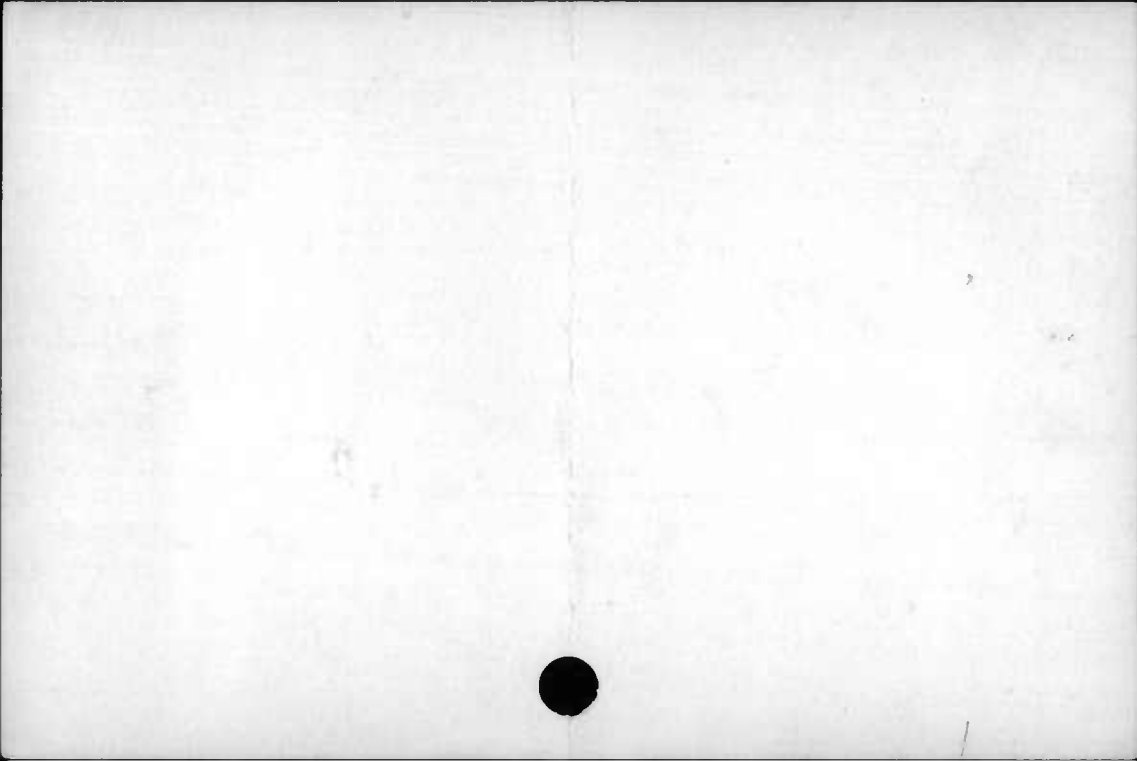
Address

*Forest Hill**Ind.*

Accident or Suicide?



Name in Full		Ella Lynch				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town <i>Harford</i>		County <i>Harford</i>		MARYLAND		
	Date of death	1908	Month 2	Day 13	Age 2	Months -	Days -	
	Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>Md</i>
	Occupation	<i>None</i>			Where Residing if not at place of death			<i>-</i>
	Married, Single or Widowed	<i>-</i>		Name of Wife or Husband				<i>-</i>
	Father's Name	<i>Daniel Lynch</i>				Father's Birthplace	<i>Md</i>	
	Mother's Maiden Name	<i>Annie Moran</i>				Mother's Birthplace	<i>Md</i>	
PHYSICIAN OR CORONER	Name of person giving information	<i>Daniel Lynch</i>				How related to deceased	<i>Father</i>	
	CAUSES OF DEATH						90	
PHYSICIAN OR CORONER	Primary	<i>Capillary Bronchitis</i>				How long	<i>4 days</i>	
	Immediate	<i>Suffocation & heart failure</i>				How long	<i>3 hours</i>	
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician	<i>J. A. Callahan</i>		
					Address	<i>Belcamp</i>		
	Accident or Suicide?	<i>no</i>						



Name

is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		The Rocks		County		Hartford		MARYLAND	
Date of death		1908	Month	February	Day	28	Age	64	Years
Sex		Male		Color or Race		White		Birth-place	
Occupation		Farmer		Where Residing if not at place of death		The Rocks			
Married, Single or Widowed		Married		Name of Wife or Husband		Isabelle Nelson			
Father's Name		Nikolas Nelson		Father's Birthplace		The Rocks			
Mother's Maiden Name		Hannah Hope		Mother's Birthplace		near Jarrettsville			
Name of person giving information		Wife		How related to deceased					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	Address
Accident or Suicide?	



Name
in
Full

May A. Puston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

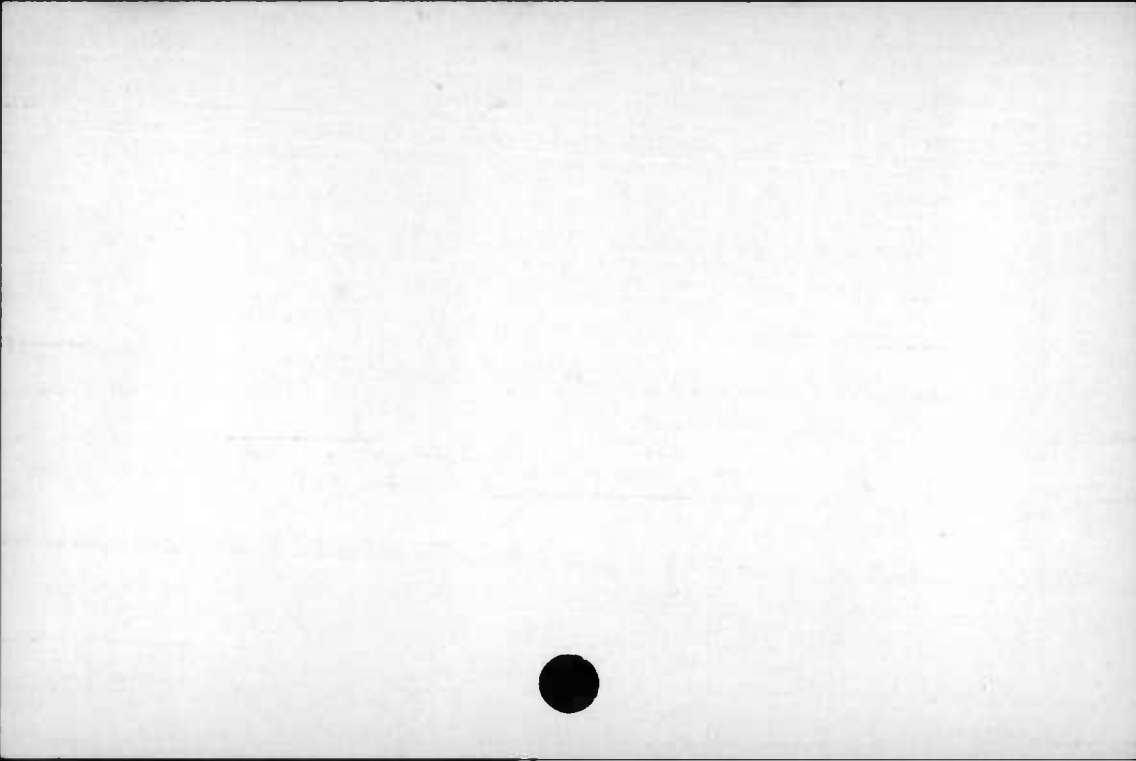
Died at <i>Halumia</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>2</i>	Day <i>1</i>	Age <i>49</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Ind.</i>		
Occupation <i>Stitch.</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Harrison Puston</i>				
Father's Name <i>Jimmie Gordon</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>May Morgan</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Harrison Puston</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

79

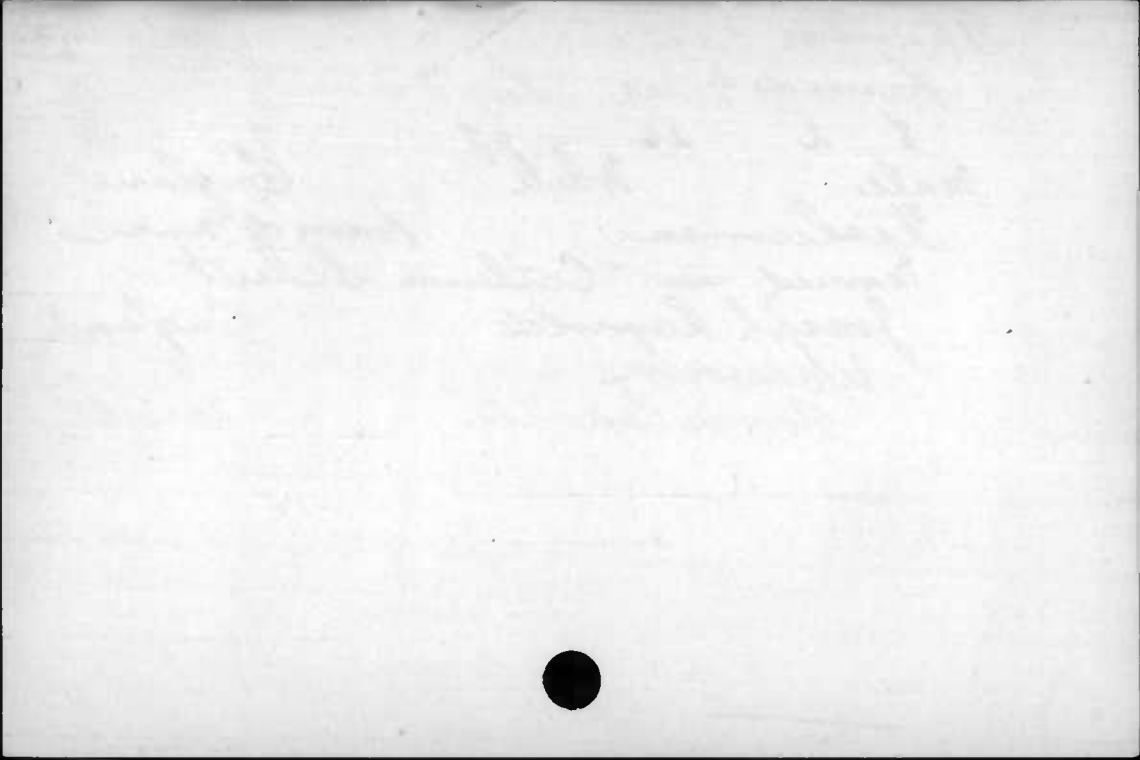
PHYSICIAN
OR CORONER

Primary	<i>Heart disease</i>	How long <i>no. years.</i>
Immediate		How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. L. Hughes</i>
		Address <i>Front Hill.</i>
<div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>		
Accident or Suicide?		



Name In Full		John H. Reekord				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Bel Air	County Harford	MARYLAND		
		Date of death		1908	Month 2	Day 24	Years 23	Months Days
		Sex		Male		Color or Race	White	
		Occupation		Miller		Birth- place	Md.	
		Where Residing if not at place of death						
		Married, Single or Widowed		Married		Name of Wife or Husband		
		Name of Wife or Husband		Lydia A. Reekord				
Father's Name		Henry Reekord			Father's Birthplace	Va.		
Mother's Maiden Name		Julia A. Reekord			Mother's Birthplace	Va.		
Name of person giving information		Matherson Reekord			How related to deceased	Son		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary			Chronic interstitial nephritis			
		Immediate			Uraemia			
		Are the name, age, sex, color, date and place correctly given above?			Yes			
		Signature of Physician			Russell D. Dappney			
		Address			Bel Air Md.			
H		Accident or Suicide?						

120



Name
in
Full

Thomas Reynolds

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harre de Grace</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	<i>2</i> <small>Month</small>	<i>26</i> <small>Day</small>	<i>65</i> <small>Years</small>	<i>7</i> <small>Months</small> <i>13</i> <small>Days</small>
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Fisherman</i>		Birth-place	<i>England</i>	
Where Residing if not at place of death			<i>Harre de Grace</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife <i>Catherine Schutt</i>		
Father's Name	<i>Joseph Reynolds</i>			Father's Birthplace	<i>England</i>
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>cc</i>
Name of person giving information	<i>Annie Reynolds</i>			How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary	<i>Scarlet fever</i>	How long	<i>Don't know</i>
Immediate	<i>Coma</i>	How long	<i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>R. H. Smith</i>
		Address	<i>Harre de Grace</i>
Accident or Suicide?			<i>No</i>



Name
in
Full

Mary Jewell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

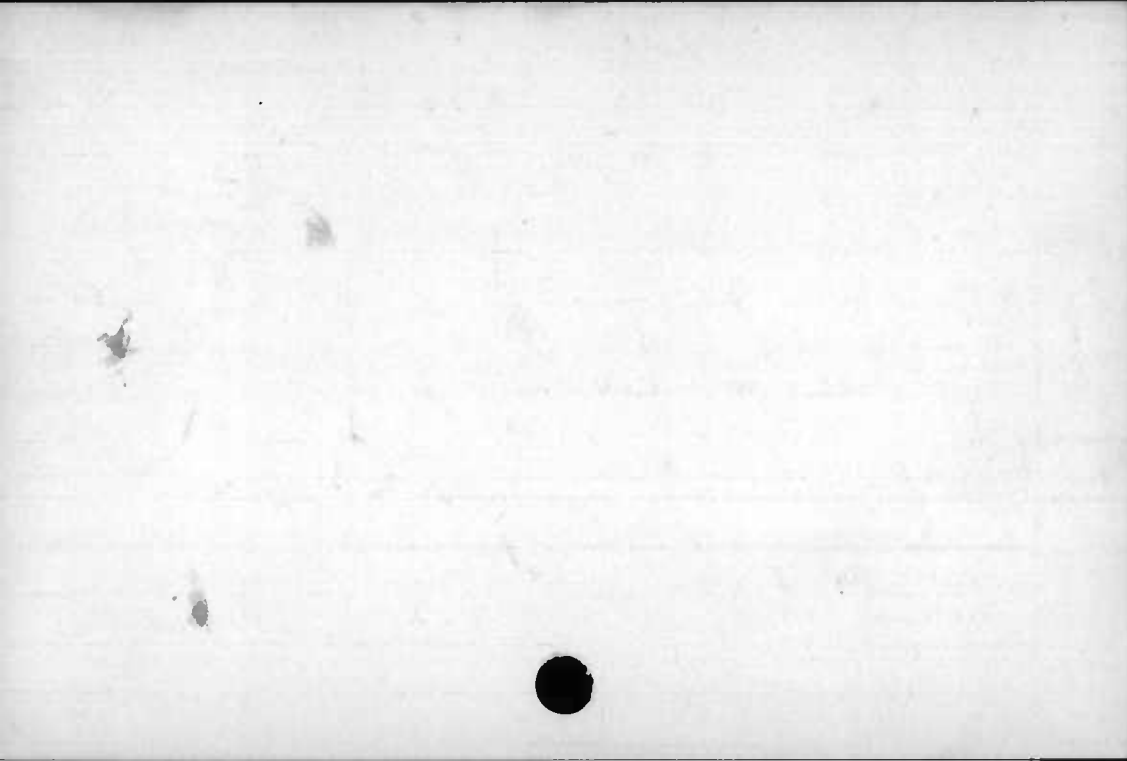
Died at <u>Bel Air</u> <small>Town</small>		<u>Harford</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u>	Month <u>Feb</u>	Day <u>25</u>	Age <u>53</u> <small>Years</small>	Months <u> </u> Days <u> </u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Va</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Bel Air</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>John Jewell</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Unknown</u>	Name of person giving information <u>Aquilla Frazier</u>		How related to deceased <u>Not any</u>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <u>Chronic nephritis</u>	How long <u>don't know</u>
Immediate <u>Coma</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes -</u>	Signature of Physician <u>A. F. Vant Bibber</u>
	Address <u>Bel Air</u>
Accident or Suicide? <u>No</u>	<u>Ud</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Ruth E Shank		Town Cardiff		County Horsford		MARYLAND	
Died at		Date of death 1908 Feb 14		Age 72		Months 7	
Sex Female		Color or Race White		Birth-place Pa		Days	
Occupation House Keeper		Where Residing if not at place of death _____					
Married, Single or Widowed Married		Name of Wife or Husband Friedrich Shank					
Father's Name Andrew Shank		Father's Birthplace Prussia					
Mother's Maiden Name Elyzabeth Shank		Mother's Birthplace Prussia					
Name of person giving information Salice Shank		How related to deceased Daughter					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary Senility	How long Several years
Immediate La Grippe	How long 2 wks
Are the name, age, sex, color, date and place correctly given above? ✓	Signature of Physician Rwanda Ramsey
	Address Delia York Co Pa
Accident or Suicide? H	

Slate Ridge

Feb. 17/08

Name
in
Full

Adam Stopple

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

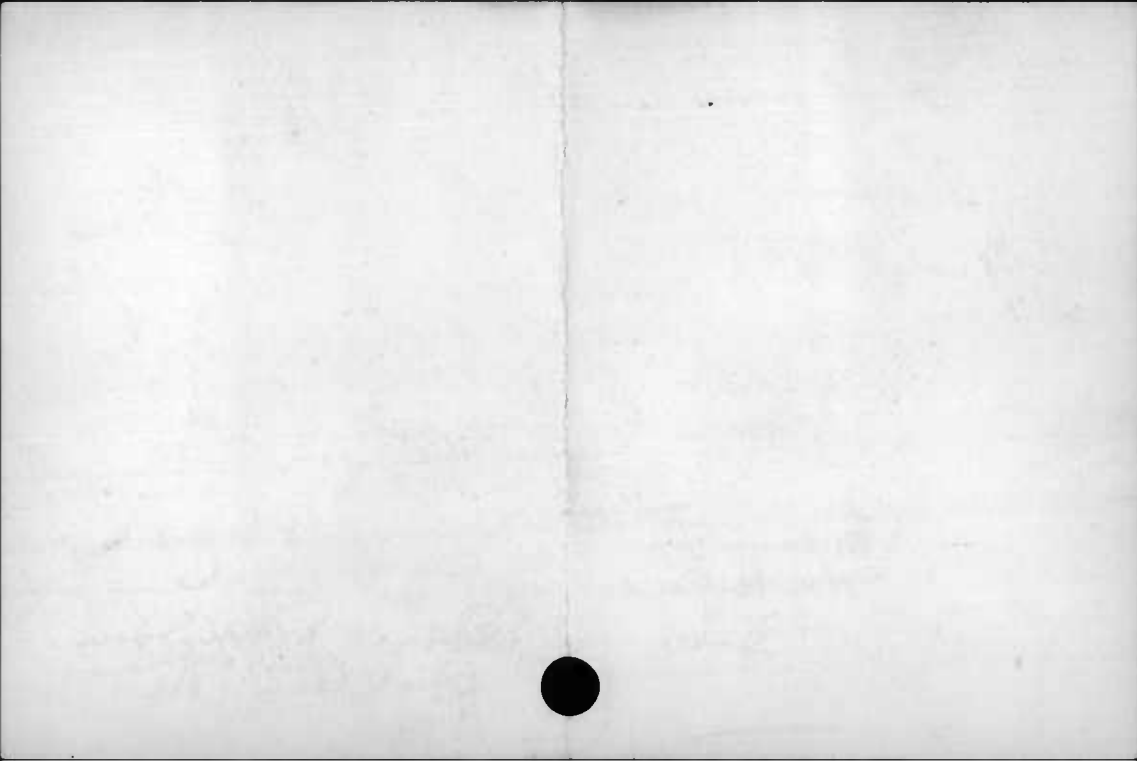
Died at		Town <i>Lapidum</i>		County <i>Harford Co</i>		MARYLAND	
Date of death		Month <i>Feb</i>	Day <i>25</i>	Year <i>1908</i>	Months		Days
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>			
Occupation <i>Labor</i>		Where Residing if not at place of death <i>at home</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie Stopple</i>					
Father's Name <i>Gaspar</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Margareth Stoppel</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Annie Stoppel</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Paraplegia</i>	How long	<i>66</i>
Immediate	<i>"</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>AC Brothens</i>	
<i>Y30</i>		Address <i>Harre de Grace Md</i>	
Accident or Suicide?			



Name
in
Full

Daniel P. Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kirkwood</i> ^{Town}		<i>Harford.</i> ^{County}		MARYLAND	
Date of death	<i>7</i> ^{Month}	<i>Feb</i>	Day	<i>7</i>	Age
<i>1908</i>		<i>83</i>		Months	Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>York Pa</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married , Single or Widowed	Name of Wife or Husband <i>Phoebe King.</i>				
Father's Name	<i>Mortica Thomas</i>			Father's Birthplace	<i>York Pa</i>
Mother's Maiden Name	<i>Sarah Pyle</i>			Mother's Birthplace	" "
Name of person giving information	<i>Miss Phoebe Thomas</i>			How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>Influenza.</i>	How long	<i>2 wks</i>
Immediate	<i>Overexhaust</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Robert Ramsay</i>
		Address	<i>Deer York Pa</i>
Accident or Suicide?	<i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Robert Forwood		Town Halmdia		County Harper		State MARYLAND	
Died at Halmdia		Month Feb		Day 15		Year 1908	
Date of death 1908 Feb 15		Age 39		Months —		Days —	
Sex Male		Color or Race White		Birth-place Ind.			
Occupation Farmer		Where Residing if not at place of death Halmdia					
Married, Single or Widowed Single		Name of Wife or Husband Sarah Forwood					
Father's Name Wm. Forwood		Father's Birthplace Ind.					
Mother's Maiden Name Sarah Forwood		Mother's Birthplace Del.					
Name of person giving information James W. Forwood		How related to deceased Son					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Cause Pneumonia		How long 8 days	
Immediate Cause Heart failure		How long an hour	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Estace Robinson	
		Address Bellevue Md.	
Accident or Suicide? —			



Name
in
Full

Harry Leo Towson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

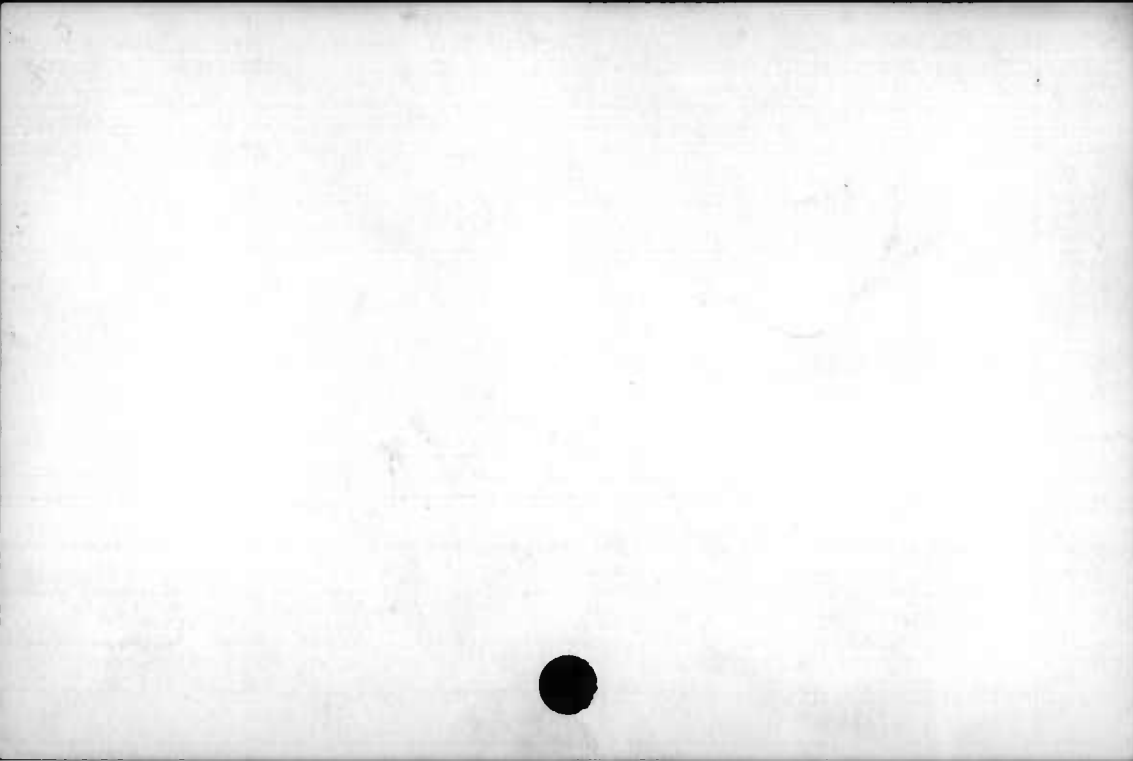
Died at <u>Burkley</u> ^{Town}		<u>Harford</u> ^{County}		MARYLAND	
Date of death <u>1908</u> ^{Month} <u>July</u> ^{Day} <u>28</u>		Age <u>4</u> ^{Years} <u>Months</u>		<u>Months</u> <u>Days</u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Harford Co., Md</u>	
Occupation <u>~~~~~</u>		Where Residing if not at place of death <u>~~~~~</u>			
Married, Single or Widowed <u>~~~~~</u>		Name of Wife or Husband <u>~~~~~</u>			
Father's Name <u>Frank E. Towson</u>		Father's Birthplace <u>Harford Co., Md</u>			
Mother's Maiden Name <u>Myrtle E. Murphy</u>		Mother's Birthplace <u>Cecil Co. Md</u>			
Name of person giving information <u>Frank E. Towson</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary	<u>Acute Pulmonary Congestion</u>	How long <u>11 hours</u>
Immediate	<u>~~~~~</u>	How long <u>~~~~~</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Ephraim Hopkins</u>
		Address <u>Barlington</u>
Accident or Suicide? <u>H</u>		



Name
in
Full

Edward H. Walter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i> ^{Town}		<i>Stafford</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>2</i>	Day <i>9</i>	Age <i>66</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Va.</i>		
Occupation <i>Book-keeper</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>widower</i>		Name of Wife or Husband <i>Frankie M. C. Culey</i>			
Father's Name <i>Geo. H. Walter</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Albina Landstreet</i>			Mother's Birthplace <i>Baltimore, Md.</i>		
Name of person giving information <i>Mrs. Robt. Holland</i>			How related to deceased <i>daughter</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Heart disease & Bright's disease</i>	How long <i>no. years</i>
Immediate <i>Probably heart clot</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. Lee Hargrave</i>
	Address <i>Frank Hill</i>
Accident or Suicide?	<i>Ind.</i>



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Bell Air</u> <small>Town</small>		<u>Harford</u> <small>County</small>	
		Date of death <u>1908</u> <small>Year</small> <u>Feb</u> <small>Month</small> <u>13</u> <small>Day</small>		Age <u>36</u> <small>Years</small> <u></u> <small>Months</small> <u></u> <small>Days</small>	
		Sex <u>Female</u>		Color or Race <u>White</u>	
		Occupation <u>Dressmaker</u>		Where Residing if not at place of death <u>Bell Air</u>	
		Married, Single, or Widowed <u></u>		Name of Wife or Husband <u></u>	
		Father's Name <u>Jonas Waters</u>		Father's Birthplace <u>Ind.</u>	
		Mother's Maiden Name <u>Bethia Galloway</u>		Mother's Birthplace <u>Ind.</u>	
		Name of person giving information <u>D. D. Waters</u>		How related to deceased <u>Son</u>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Bronchitis</u>		How long <u>ten days</u>	
		Immediate <u></u>		How long <u></u>	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>William J. Archer</u>	
		<u>Yes</u>		Address <u>Bell Air</u> <u>Ind.</u>	
<u>H</u> Accident or Suicide?					

Friendship .

Name in Full		George Webster				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Dublin		Harford		MARYLAND	
	Date of death	1908	Feb.	11 th	Age	80	Months
	Sex	Male		Color or Race	Colored		Birth-place
	Occupation	Laborer		Where Residing if not at place of death		Harford Co. Md	
	Married, Single or Widowed	Widower		Name of Wife or Husband		Sophia Webster	
	Father's Name	Not Known		Father's Birthplace		Not Known	
	Mother's Maiden Name	Not Known		Mother's Birthplace		Not Known	
Name of person giving information	Chas. Webster		How related to deceased		Cousin		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">154</div>							
PHYSICIAN OR CORONER	Primary	Immediate		Old Age		How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. H. Tobias		How long
			Address		Bastleton, Md.		2 weeks
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Harmon-de-Grace* ^{Town} *Harford* ^{County}Date of death *1908* ^{Month} *2* ^{Day} *23* Age ^{Years} *12* ^{Months} *12* ^{Days}Sex *Male* Color or Race *White* Birth-place *Harmon-de-Grace*Occupation *Infant* Where Residing if not at place of death *-*Married, Single or Widowed *Infant* Name of Wife or HusbandFather's Name *Israel J. Woodward*Father's Birthplace *Professor*Mother's Maiden Name *Barbara F. Paneth*Mother's Birthplace *Ind.*Name of person giving information *J. Woodward*How related to deceased *Father*

CAUSES OF DEATH

151

Primary *Premature Birth*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

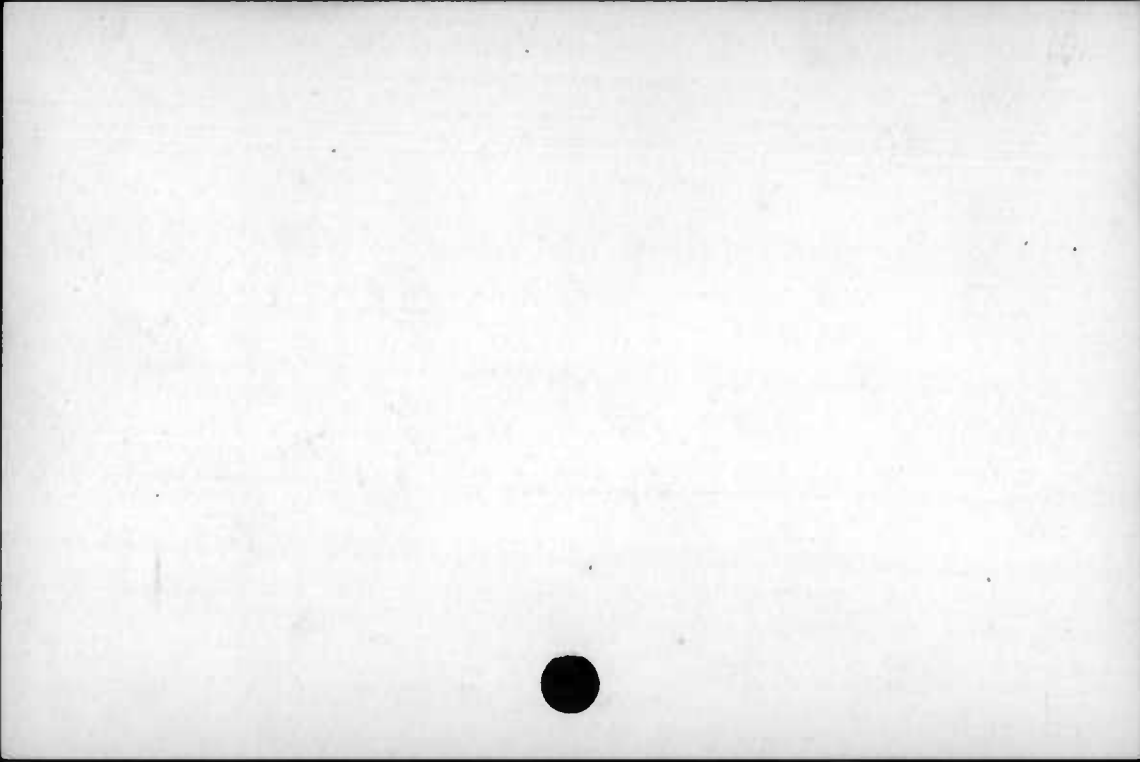
Yes

Signature of Physician

Address

J. Woodward
Harmon-de-Grace, Md.

Accident or Suicide?



Name
in
Full

Charles R. Yohm

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i> ^{Town}		<i>Hanford</i> ^{County}		MARYLAND	
Date of death <i>1908</i> ^{Month} <i>2</i> ^{Day} <i>21</i> ^{Years} <i>37</i>		Months		Days	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>			
Occupation <i>Pharmacist</i>	Where Residing if not at place of death <i>Bel Air</i>				
Married, Single or Widowed <input checked="" type="checkbox"/> Married	Name of Wife or Husband <i>Mary Yohm</i>				
Father's Name <i>Philip M. Yohm</i>	Father's Birthplace <i>Pa.</i>				
Mother's Maiden Name <i>James D. Wright</i>	Mother's Birthplace <i>Pa.</i>				
Name of person giving information <i>Victor A. Wright</i>	How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Natural</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Emmell D. Applegate</i>	
	Address <i>Bel Air, Md.</i>	
Accident or Suicide?		

